THE LONDON
Medical, Surgical, and Pharmaceutical
REPOSITORY.

No. I. JANUARY 1, 1814. Vol. I.

I.

ADDRESS TO THE FACULTY.

The Public have a just and reasonable claim to be made acquainted, at their commencement, with the motives, the objects, and the plans of those works which are published periodically, and presume on long continuance. Desirous to shew their ready compliance with a received and equitable opinion, the Editors of the London Medical Repository submit an explicit exposition of the outline and principles of their Publication.

Without delay to promulgate discovery and improvement;—to extend to every individual a summary of the history of nature;—to bring within reach of the Country Practitioner whatever of novelty arises in theory or in practice;—at stated intervals to present to the Faculty at large an excerpt of th progress of Medical Science;—to promote the improvement

of that science by affording a depository for facts and opinions;—and to assist in the melioration of Medical Literature, by inciting to the practice of composition;—were motives especially inducing to the publication of this Journal. When to these, as the Editors think, laudable intentions, was added an honest zeal to serve a meritorious branch of the Medical Profession, by supplying easy access to the diurnal course of physical knowledge, no doubt remained on the propriety of presenting to the Public the SURGEON-APOTHECARIES AND APOTHECARIES JOURNAL AND REVIEW: no hesitation as to the integrity of the principle on which it was founded.

The theory and the practice of Medicine, by the multitude of points on which they, directly or indirectly, bear, involve a greater variety and detail of acquirements, and a more comprehensive information than most other subjects of human study. The aggregate of animate and inanimate creation is subjected to the investigation of the Medical Philosopher. The history of nature is his province; and in the sections of that "eventful history," under the designations, Anatomy, Physiology, Materia-Medica, Chemistry, Botany, Zoology, Meteorology, Geology, and Medical Statistics, as subservient to the final destination of his powers, THE CURE OF DISEASE, are the materials of his art to be sought. To all of these, as allied to Medical Science, the animating principle of this Journal, and as the elements or instruments of the practice of Medicine, Surgery, and Midwifery, will the views and efforts of the Editors be diligently directed.

A wide field of inquiry is embraced by this design. The whole of the map of Physical Science lies before it; but by the ART OF MEDICINE and its auxiliaries, constituting, indeed, the great continents of this map, will its views be bounded; and these present "scope and verge enough" for unpausing labour, and for arduous exertion. Comprehensive as is this outline, a concurrence of circumstances has afforded an amplitude of means, encouraging a hope that the execution will be commensurate with the materials, honourable to the Editors, and satisfactory to the Public.

The subject matter of this Work is intended to be arranged in the following order:—

Original Communications.
Foreign Medical Literature.
Analytical Review.
Selections.
Medical and Physical Intelligence.
Price Current of Substances employed in Pharmacy.
Bills of Mortality.
Medical and Meteorological Reports.
Monthly Catalogue of Books on Medicine and Natural History.

Consonant to a claim held to be just and reasonable, it becomes a duty to unfold the objects and particularize the materials of this arrangement more in detail than could be effected within the limits of a *Prospectus.*

Under the head of Original Communications will be placed essays and memoirs on the theory and practice of Medicine, Surgery, Obstetrics, and the Veterinary Art: authentic cases with their results; and disquisitions on Forensic Medicine. Into this division will likewise be admitted papers on Anatomy, Physiology, Chemistry, Materia-Medica, Pharmacy, Natural History, in the extended acceptation of the term; Zoology, Botany, Meteorology, and Geology, when conveying new facts, or elucidating Medical Topography.

With the utmost deference for public opinion, and a feeling of great respect toward their correspondents, the Editors hazard, on each of these subjects, some explanatory remarks.

It has been stated in the Prospectus, that the primary object of this Journal will be to collect facts, and to accumulate as much as possible of the *Materia Scientiæ;* and although legitimate reasoning and ingenious argument will always command their respect, and obtain admission into

their pages, the Editors presumed to direct the attention of the Faculty to the superior advantages, in the present state of knowledge, that would result from amassing materials for general conclusions; and in the spirit of true philosophy, searching in the great storehouse of nature, for the fundamental principles of reasoning on the laws that govern and direct the functions of vitality; and for the powers and properties of the agents which operate on this arcanum of the Deity.

In that subdivision of this department, applying directly to the Practice of Medicine, to Surgery, and to Midwifery, it will be obvious that authentic records of cases is the principal source whence materials are to be collected for establishing principles of practice, explaining the operation of medicines, elucidating the actions of health and disease, and often developing, by the *sectio cadaveris*, the causes of dissolution*. But that such relations of cases may have due weight, and be looked to as a most valuable portion of the materials of Medical Science, it will be essential that the Editors be furnished with evidence of their authenticity; and as holding themselves responsible to the Public for the veracity of *facts*, they will invariably require to be intrusted with the names of the communicators of cases. With regard to memoirs and essays purely argumentative, however, and the substance of which may already lie before the Public, this rigid evidence of names and residence will not be demanded; or when the authors of such memoirs think proper to entrust their names with the Editors, but desire to withhold them from the world, the secret will be honourably kept. Though it will be most satisfactory to the Editors always

* It has been generally felt, that a predilection for recording successful cases only has too much prevailed. It must be obvious that many of the most useful points will be acquired by the detail of those which have terminated unfavourably, on account especially of their affording the means of ascertaining, by dissection, the seat and quality of the morbid change. Of these cases, accompanied with drawings of the morbid alterations of structure, the Editors will always be glad to receive histories, and to have the drawings engraved in the best manner.

to have names to communications, it is only as vouchers for specific facts that they are required.

Of the value of reasoning on Medical Science; of details of practice; and of histories of cases, the Faculty has always manifested a decided conviction: but of the utility of other branches of Medical Study, it does not appear that a just estimate has been obtained. The *Medicina Forensis* has yet so little been attended to in this country, that an ample and productive field is left nearly unappropriated, soliciting a discussion in which ingenuity and judgment may be displayed to great advantage. In the present moment of agitation and suspense, a peculiar interest is attached to this important subject.

At all times, however, Medical Jurisprudence is an important branch of research, as involving the dearest interests of society. Property, reputation, life, often rest on the professional evidence of medical persons. The objects of Medical Jurisprudence are as various, as a knowledge of its principles and practice is indispensable. In criminal, civil, and consistorial courts, questions arise, on which the Medical Practitioner must be distinguished by his knowledge, or disgraced by his ignorance. Infanticidium, stuprum violentium, and abortus procuratus, are among the more frequent occurrences that come before criminal courts; and these, with the varieties of homicide, and the legal inspection of dead bodies, constitute a judicial inquiry of great moment. The questions before civil courts, though they do not affect life, are often of great intricacy, being in their nature obscure, and generally connected with mysterious designs. Insania, in all its varieties; fatuity; pregnancy, simulated or concealed; parturition, accelerated or retarded; diseases alledged or imputed; impotence in the male; sterility in the female; uncertainty of sex; syphilis, as the ground of divorce; contagious diseases, variola, typhus, and especially pestis, and the yet controverted subject of quarantine, may all require to be elucidated by the opinion, substantiated or rejected by the evidence of the Faculty.

When the Editors thus solicit general observations on

Forensic Medicine, they cannot but advert to the question now about to meet the decision of the Great Council of the Nation; and feeling specially interested in the determination of that August Body, they deem it right explicitly to state that their Publication will be freely open to all parties. And in the inquiry into the necessity or propriety of meliorating the condition of the Surgeon-Apothecary and Apothecary, they will require only candour and moderation in language, with a total abstinence from illiberal personalities and remarks exciting animosity instead of eliciting truth.

Fully convinced of the unalienable necessity for the Surgeon-Apothecary, as part of the social compact in this country, and knowing the sentiment of liberal-minded Physicians and Surgeons on this subject, they cannot but augur decisive advantages to the Public, and a full admission of the fair claims of this useful body of Medical Practitioners, by an ample discussion of the subject.

Though the primary object of this Journal be to elucidate the operations of life in health and disease, and to educe information on the physiology and pathology of MAN; yet the state and condition of animals lower in the scale of existencies, will, surely, not be deemed unworthy of notice. The VETERINARY ART, therefore, approaching the confines, if it has not already passed into the region of Science, cannot be overlooked in a work professing to collect materials to exemplify the practice, and hoping, without arrogant assumption, to assist in perfecting the theory of Medicine. The study of the structure, functions, and diseases of quadrupeds, inasmuch also as it has often proved happily illustrative of the physiology, and explanatory of some states and qualities of morbid actions in the human genus, is too important to remain without having given to it a due attention. The Editors, under this impression, are solicitous to collect facts in the *Veterinary Art*, and will receive, with great gratitude, communications on what they consider to be an interesting department of Medical Science.

Looking further into the natural history of animal life, a

disease of the most dreadful and fatal character presses upon attention, as communicated from the quadruped to man. The yet mysterious quality and principle of the rabid virus, unrestrained on all occasions by medical art, calls for most circumspect research. It seems that the natural history of this disease in the dog is still in an imperfect state; and its cause, whether acting to its spontaneous production sometimes, or always and exclusively by inoculation, is yet undetermined; at least with that definite precision which is demanded in natural philosophy. It is scarcely required to observe that whatever tends to elucidate either the history, prophylaxis, or treatment of *Rabies Canina*, has an incontrovertible claim on Society.

On those branches of Natural Science approximating in various degrees to Medicine, as auxiliaries, the Editors are anxious to elicit information. To some of them, they are prepared to state, the materials they now possess will give an expansion and elucidation that cannot fail, they are flattered with the expectation, being acceptable to the Profession. To the Materia-Medica, Botany, Chemistry, and Natural History, generally, they hope to give an increase of interest, as collateral and subservient to the Medical Art.

Upon the Natural History of the Atmosphere, as influencing the principle of vitality, as promoting health, or as productive of disease; as favourable to, or as destructive of vegetable life; and as an agent in the sublime phenomena of Nature, collections, it is hoped, may be made, through the medium of this Journal, useful in the practice of Medicine, and not unworthy the attention of men of scientific research. Among other means purposed to be employed with this view, a correct *Meteorological Report*, kept in London, will be given monthly. In this the pressure, temperature, and humidity of the atmosphere, with the velocity and direction of winds, will be daily noted. The appearance and arrangement of clouds; the occurrence and density of fogs; the effects produced on the animal machine by atmospheric variations; the appearance of diseases presumed to

be connected with those changes, will be given with a scrupulous regard to the facts. It seems obvious that registers, ample in their detail, faithful in their materials, and continued for a long time, may illumine that darkness of conjecture, reconcile that contrariety of assertion, and reduce to a rational system that facility of belief which has so long existed upon atmospherical influences. To give full effect to this principle, it will require, however, that registers be kept in, and reports made from distant places; thus affording points of comparison highly conducive to the ascertainment of truth. To this important object, the Editors, solicitous to extend the boundaries for observation, desire to direct the attention of their correspondents, with the hope to receive the assistance of gentlemen, who, from the accidents of locality, may be favourably stationed for such investigations.

Medical Topography, a generic term, comprehending many species and varieties of natural science, presents an exuberance of materials applicable to the purposes of theoretic and practical medicine. Promising efficient conclusions founded on a wide view of fact and observation, *Medical Topography* deserves the serious regard of the philosophical and practical physician.

It would far exceed the limits of this Address to go into a full detail of this subject; but as it regards the British Islands, the Editors request to submit some cursory suggestions.

All local peculiarities arrange with propriety under two heads: — those which arise from nature — and those which are induced by art.

Of the first kind are elevation; irregularity or uniformity of surface; character of soil; relative quantity of wood-land; rivers, lakes, and stagnant waters; animal, vegetable, and mineral productions, constituting the Zoology, Botany, and Geology of districts.

How far these local peculiarities influence the state of health, conduce to longevity, or shorten the duration of life, are points not easily ascertained; but as some diseases are

nearly proper to some places, and as the intermittent of the fen is never met with in the higher parts of Derbyshire, and is seldom produced in London, it seems certain that a property or principle does exist in some places, generating diseases which never appear, but when imported, in others. The state of knowledge at present on this subject fully justifies every endeavor to institute an extensive inquiry, not only as the means of establishing a truth, but as the probable cause of suggesting measures that may remove a pabulum of disease.

The alterations produced on health by an artificial state of society, are neither infrequent, nor as it would be presumed, *a priori*, is their cause very obscure. Obvious as it must be that in all the employments of life there will be an exposure to the causes which produce disease; it is safe to assert, that it is not yet clear that a sufficiently extensive view of facts has been taken, to afford a final determination on the nature of these causes, or even on the quality of the effects they produce. Whether exposed to the influence of the open atmosphere in the employments of agriculture, in camps, or on the sea; whether buried in mines, immured in manufactories, exhausted by exposure to great artificial heat, or debilitated by the deleterious processes of chemistry, man is still the subject of pain and disease: and it is only by a close and unprejudiced observation of facts, and a faithful notation of occurrences, that the causes of his morbid states under any of these circumstances can come to be so fully understood, as to present a fair prospect of an efficient prophylaxis, or an effectual cure.

Not meaning to agitate a question of great delicacy, and most earnestly deprecating the disturbance of religious opinion on the origin of mankind, the Editors cannot quit this part of their ADDRESS without particularly soliciting the attention of their readers to the natural history of man; and urging to a collection of facts for elucidating the varieties of the HUMAN RACE. On the form, colour, mental energy, physical strength, duration of life, and diseases; and on the infinite dissimilitudes in custom, food, exposure, and climate ope-

rating to the production of these varieties; much yet is required to be known, before a sufficiently ample store of facts can be collected to countenance decisive conclusions. To MAN, the Medical Practitioner must advert as the first being in the scale of animation, by possibility falling within his operations. To know HIM, therefore, in all his forms, bearings, and destinations, corporeal and mental, is the Physician's highest duty: and with the expectation of renewing attention to general views of this supreme subject of Medical Science, the Editors have dared thus far to push their remarks.

But the desire to extend the inquiry into the history of man, and of nature, to wherever the adventurous spirit of the British nation has penetrated, should not supersede the advantages arising from investigations pursued at home. The wisest men have observed, with an earnestness and repetition that permits no doubt of their conviction, that first inquiries should be directed to the *natale solum.* But those observations were applied to political, moral, and religious institutions. The Medical Philosopher will place Nature, or Natural Science, in the first rank; nor would it be impossible to show, that political and moral character are often formed on the physical state of nations.

But whether inquiry be pursued in distant regions, or made at home, the acquisition of facts, that explain the causes of things, is a desideratum which to Science will give firmness, and to Medicine, efficacy — raise man above the operations and entanglements of empiricism—release him from superstitious fears and illusions, that bow down his intellect and debase his nature.

"*Atque metus omnes, et inexorabile fatum*
"*Subjecit pedibus, strepitumque acherontis avari.*"

Another subject of great intricacy, but of unlimited interest, is connected with the natural history of man, and with the whole of animated nature. The organic remains, almost every

where found upon or within the earth, and impressed with characters differing from whatever is found in life, as it now exists, give rise to such bewildering speculations, that it has become most desirable to establish some data, to preserve the mind from wild conjecture and hazardous wandering.

The labours of Cuvier, and our countryman Parkinson, have gone far, toward explaining this mysterious subject; but much is yet left; and of that the Editors hope to collect, from time to time, the scattered rays, and present to their Readers whatever may arise illustrative of the past state of animal or vegetable life on this globe: and enjoying, as they are proud to avow, the friendship of the author of "The "Organic Remains of a former World," they have a right to calculate on the power of occasionally adorning their pages with valuable facts and ingenious observations respecting the *Animalia Incognita.*

Of Foreign Medical Literature, the next department of this Journal, it is on no slight ground that the Editors promise a copious view. By the establishment of correspondencies on the Continent of Europe, through the medium of interests which their extensive connection with the Medical Faculty has furnished to them — by a determination on a liberal expenditure — and by the opening of prospects that the affairs of Europe indicate — they reasonably expect to receive, from Germany and the North, materials, not only of great interest, but of intrinsic value, in the Medical Sciences and in Natural History. If of France, Italy, and North America, the Editors cannot at present speak in such sanguine terms, they look with hope to that period when the contending spirit which now agitates these countries shall be allayed, for a free communication of Science and the Arts. From Spain and Portugal, just escaped from their chains, not much can yet be expected; but with the revival of liberty, that intellectual spirit and taste for Literature and Science, which once animated these nations, may again arise: and it is not too bold an expectation that they will resume their place in the scale of intellect.

Of South America it is hardly possible for the naturalist to think, but with enthusiasm. The altitude of her mountains, the expanse of her rivers — her exuberance of birds, fishes, insects, and reptiles — her luxuriance of vegetable life — conspire to make *her* the promised land of Natural History. The varieties of the human race, extended over the wilds of Chili, Paraguay, and the Magellanic region — the habits and customs by which their form and structure are influenced — the diseases they endure, and the remedies they employ, are all important in the volume of science. To the admirable Humboldt, and to others now employed in this perennial source of discovery, the Editors turn with solicitude, for ample means to enlarge the boundaries of knowledge. From the Indian Peninsula, a region abounding in whatever luxuriant nature assisted by consummate art can produce, much may be expected. The extent of British intercourse with the native Hindu — the knowledge which has already been acquired of the natural history of his country — the profusion of medicinal plants it produces, many of them nearly unknown to Europe — the peculiar forms of disease — the poisonous reptiles — the powerful compound medicaments — the singular chirurgical operations, promise to furnish to Medical Art facts not undeserving notice. When to these is added the antient medical lore just emerging from the Sanscrit, the treasures of the Veda's and Upeveda's; the stream of knowledge which once ran so strongly from the East may seem to revive, as regards natural science, with considerable energy*. To Ireland, rich

* It is not designed to hold out an expectation that any semblance of Medical Science, as grounded on demonstrative principles, will be found in antient Hindustanic Literature. Of human knowledge in this systematic form, and applicable to the Art of Medicine, no instance probably occurs before the time of Hippocrates: but that numerous facts, ingenious opinions, histories of diseases, and descriptions of remedies, will issue from this source, can hardly be doubted. The origin of *Syphilis* and *Variola*, now so obscure in the page of European histories, may possibly be preserved in the Sanscrit.

in the productions of nature, enjoying perhaps peculiar exemptions, abounding in untouched stores of Natural History and Medical Topography, and with men ingenious to explore and to cultivate her native treasures, the obligations of Science cannot be trivial. To this sister island, the Editors acknowledge their debt to be considerable, and they anticipate the satisfaction of shewing their gratitude, by a prompt attention to the interests and communications of that country. But in whatever region medical knowledge, and the facts of Natural History are to be acquired, thither will the endeavors of the Editors be sedulously directed: and when they reflect on the number of British Medical Practitioners who resort to all parts of the habitable earth, they can hardly doubt of the means of transferring to their pages much original information*.

The anxiety which their friends have expressed upon the insuperable difficulties arising in the execution of the REVIEW Department of this Journal, the Editors feel with gratitude, and a sense of obligation not soon to be forgotten. For themselves, however, on this subject they have no fears. The being directly amenable to public justice from being publicly known, affords a security against acrimony of criticism, against arrogance of dictation, and against an overweening desire to write down every writer. It is not only congenial with the feelings of the Editors, but consonant to their judgment, to think, *that* analysis which gives a faithful view of facts to be more useful to the public, than *that* criticism which aims to exalt the critic above the author.

Having throughout this ADDRESS given the palm of useful-

---

* While hoping to collect from foreign nations, facts to illustrate the Science of Nature, the Editors must not overlook, at home, an extraordinary source of improvement in the numerous Medical Societies established in many of the English counties. To some of these they are already under obligation for assistance received; and to others for promise of support, most gratifying, because an earnest of public countenance, and of the sure means of extending that Science to which their Work is devoted.

ness to the practice of collecting facts, the Editors, carrying on that opinion into their REVIEW, avow their intention to select from new publications whatever they discover valuable of that kind; and at the same time to give a general idea of their structure and execution. They must, notwithstanding, consider themselves free to the expression of opinion, and to the exercise of judgment: but as their first object will be to impart truth, their opinions will, they trust, be expressed with amenity, and always directed, they hope, by candour and liberal feeling: and when they must point out error or disclose deception, their comment will go no further than may be requisite to establish their position. They will never suffer unconscious mistakes, and honest, though erroneous, opinions, to call forth the harshness of critical castigation; but, on the contrary, their wish will be to render assistance to uninformed efforts, and to support, whenever they may, UNFRIENDED GENIUS.

Upon the subject of SELECTIONS, the fourth department of this Journal, the Editors have to submit only some cursory explanations. To what has been stated in the *Prospectus*, "to give extracts from works not directly Medical, but which may contain details illustrative of professional points;" they purpose occasionally to add, translated *Excerpta* from the Greek, Latin, Arabian, Italian, German, Spanish, and French Medical writers, with extracts from the *Libri Rarissimi*, or works too expensive for private purchase, but to which the station and connections of the Editors give them access. Selections from such sources can hardly be believed to want interest, or to be devoid of instruction; but they will never be used beyond what the approval of their readers may warrant, and they will be scrupulously chosen with a view to illustrate, to gratify, and to inform.

Of the remaining portions of their Work, the titles may nearly afford a sufficient illustration. The fifth division, entitled "MEDICAL AND PHYSICAL INTELLIGENCE," will contain the minor facts and passing events of the month; short biographical notices; empirical projects as far they may deserve attention; the opening of Medical Schools, public and

private; commencement of Lectures, with short syllabuses of their plans; the resumed sittings of societies, and their transactions; reports of diseases of particular districts; projected works, and those in the press, &c. &c. &c. The usefulness of a price current of articles of the Materia-Medica, or of such substances as are employed in Pharmacy, is sufficiently obvious. The advantages of Bills of Mortality, as the basis of calculations, and the source of legitimate conclusions, were they sufficiently extensive and correct, needs no comment. But as they are, they will here be faithfully given. The Catalogue of Books will certainly contain whatever issues, monthly, from the London press; and likewise, the Editors trust, from those of Edinburgh and Dublin. Particular care will also be taken that this catalogue is not swelled by the artifice of re-advertizing books as new, which have been long since published.

Having thus gone through, they hope with some clearness, the scope and views of the LONDON MEDICAL REPOSITORY, the Editors feel they have — what is yet more difficult remaining—to speak of themselves.

Though no attempt has been made to conceal that this JOURNAL contemplates to serve a valuable description of Practitioners, the Editors are fully impressed with the high respectability of other branches of the Medical Faculty. To the College of Physicians they must always look, as to the Corinthian Capital of Medical Science in this country: and, if they profess to have a predilection for one description of Practitioners, they entertain an honourable urbanity of sentiment for every rank of the Profession. They no otherwise seek to benefit any cause but by fair and upright means. In the conduct of their Work, they hope to manifest a disposition to do justice, tempered by a desire to conciliate; and to cement the general interests of the Profession, by demonstrating the reciprocity of benefits, public and private, that must arise from a true feeling of professional equity among Practitioners.

By habit not unacquainted with the duties and respon-

sibility of the task they have undertaken; aware of the difficulties arising from complexity; and sensible of the varied learning and elaborate research demanded, the Editors enter on their employment with the spirit of men who esteem their cause to be good. And when they view the magnitude of their design, if they cannot hope to succeed to the extent of their wishes, without the united assistance of their brethren, the principles they avow and the character they believe they possess, leave but few fears for the event. What perseverance and a union of efforts have accomplished is familiar. "All the performances of human art, at which we look with "praise or wonder, are instances of the resistless force of per-"severance; it is by this that the quarry becomes a pyramid, "and that distant countries are united by canals. If a man "was to compare the effect of a single stroke of the pick-axe, "or of one impression of the spade, with the general design "and last result, he would be overwhelmed by the sense of "their disproportion; yet these petty operations, incessantly "continued, in time surmount the greatest difficulties; and "mountains are levelled, and oceans bounded by the slender "force of human beings."

London,
January 1*st*, 1814.

II.

Two Cases of Hydrocephalus Internus, with Observations on the Nature and Treatment of that Disease. By A. T. Thomson, *Member of the Royal College of Surgeons.*

The two following cases of Hydrocephalus are selected from a considerable number, which have fallen under my care, because they more particularly illustrate the theory of the disease, on which the treatment of the successful case was founded. As the first occurred nearly ten years ago, and no regular notes of its progress were kept, a general description, only, of the symptoms is given; but the dissection is described from notes taken at the time. Of the second, regular daily reports were drawn up, generally, at the bedside of the Patient.

CASE I.

Master C——, æt. 4, of a fair complexion, light hair, and naturally of a full habit of body, was attacked with the symptoms of Synocha, and was bled freely and purged. For two days he appeared to be recovering, the fever having considerably abated; but he still complained of head-ach; and was unable to raise his head from the pillow. On the third day convulsions supervened, and he lost his speech, which was never again recovered. The convulsions recurred, with augmented severity, five or six times a day, till within twelve days of his death, affecting chiefly the muscles of the spine, and producing that state which has been termed Opisthotonos. At first the bowels were constipated; but, after some time, a diarrhœa came on, which it was difficult to restrain; and there was, apparently, some pain or uneasy sensation at the lower part of the abdomen, as the hand was generally applied there, whenever enquiry was made whether he felt any pain. Strabismus was evident the sixth day of the attack; but the dilatation of the pupils was not remarkable, till the convulsions had nearly ceased, at which time he became comatose, and continued so till he died. Doctors Clark, James, and Baillie had seen him during the progress of the disease; and the two latter were present at opening the body.

DISSECTION.

The sutures of the cranium were very distinct; but the bones not separated: and, on raising the scullcap, the appearance of the dura mater indicated little of disease; there being no uncommom adhesions, nor were the vessels more enlarged than usual. The vessels of the pia mater, however, were fuller than natural, but not very remarkably enlarged.

On opening the lateral ventricles upwards of two fluid ounces of serous fluid escaped: the cavities appeared preternaturally distended; and the whole of the cerebrum was pulpy, and had a peculiar washed appearance. The cerebellum displayed no marks of disease: but, on removing the brain altogether, about three ounces more of fluid was collected at the base of the cranium.

The contents of the thorax were perfectly sound, and of a healthy aspect; but those of the abdomen presented various diseased appearances.

The liver was very much enlarged; and displayed obvious signs of inflammation having existed in the right lobe; and, near its lower edge, there was a yellowish circumscribed rising, which, when cut into, discharged about two fluid drachms of a light yellow, dirty looking matter, seemingly a mixture of bile and pus. The gall bladder was distended beyond its na-

tural size, with a light coloured transparent fluid, which partially coagulated on being heated in a silver spoon; and there appeared swimming in it, a dark green viscid substance, which was supposed by Doctor Baillie to be the resinous colouring matter of the bile, that had been decomposed in the gall bladder. The hepatic and cystic ducts were scarcely pervious, a circumstance, which was judged to have been occasioned by some compression on them; and on elevating the liver to ascertain the cause, a considerable quantity of a fluid, similar in appearance to that which issued from the small abscess near the edge of the right lobe, burst out, and continued to rise like a jet d'eau for the space of half a minute. This was discovered to proceed from a large abscess in the posterior part of the viscus, which had opened almost close to the lobulus spigelii; and which extended about three inches towards the extremity of the right lobe, capable of containing between four and five fluid ounces of purulent matter. The liver, ex situ, was found to be throughout hardened, and very much thickened.

The small intestines were irregularly dilated and constricted in different parts; and the colon, through its whole length, was constricted to one fourth, at least, of its natural diameter. On slitting open a portion of it, near the sigmoid flexure, the villous coat appeared very red; and covered with a white, slimy, purulent discharge, very much resembling that of gleet.

Case 2.

On the 17th of May 1812, I was desired to see the child of Mr. Page, Queen's Garden, Brompton Row. I found my little patient, a girl about four years of age, of a fair complexion, and thin and delicate habit of body, labouring under evident symptoms of Hydrocephalus internus. Her mother gave me the following detail of the symptoms, which she very justly regarded as marking the commencement of the present complaint.

The child, who was of a very lively turn, and sensible for her years, had been gradually drooping for about a fortnight previous to my visit. In the midst of her play, she would suddenly complain of severe head-ach, and lay down her head upon a chair, or the carpet, for an hour together: her nights were disturbed, with frequent fits of screaming; her bowels became costive; and her appetite irregular. Twice she had fallen down without any apparent cause; and since the last fall, which happened on the day before that on which I saw her, she had refused to allow her head to be raised from the pillow. When I entered the room she was lying with one hand under her head; the countenance depicted a considerable degree of anxiety; she sighed often; the pupils were much dilated; and a slight degree of strabismus was perceptible. She fretted pi-

teously, when taken up to be brought towards the light; and complained of her head; but the monosyllables *no* and *yes* were the only answers I could obtain to my questions. When asked, in what part of the head the pain was chiefly seated, she pointed to the vertex; and this continued to be the case, whilst this symptom remained. The skin was hot, and the pulse 120; but the tongue was not remarkably furred. She had had one stool that day, but it had not been preserved: nor had any correct observation been made of the quantity, nor of the aspect of the urine.

Two leaches were ordered to be applied to each temple; and the following powder given at bed time:

℞. Submuriatis Hydrargyri gr. jss.
Pulv: Ipecacuanhæ gr. ss.
——— Tragacanthæ comp: gr. iv. Misce.

18th—The leeches bled freely; but had not abated the degree of head-ach; nor reduced the frequency, nor sharpness of the pulse. The skin, however, was cooler. She had vomited her breakfast; and the powder had produced one slimy, or rather glairy, dark-green, fœtid stool.

A blister was applied to the nape of the neck; and a similar powder to that prescribed yesterday, ordered to be given night and morning, with the following mixture:

℞. Liquoris Ammoniæ acetatis f ℥jss.
Aquæ communis f ℥ijss.
Tincturæ Digitalis Fol. ♏ xxx.
Potassæ Nitratis ℈ij.
Sacchari ʒj. Misce.
Sumat cochleare magnum quarta quaque hora.

20th—The blister had risen well; but still the head could not be raised from the pillow; and, although her nights were restless, yet, a great degree of drowsiness prevailed during the day. Whilst she slept, I perceived the eyelids were not nearly closed, and the pupils were, every now and then, drawn up altogether within the upper lid, so as to expose the white only of the eye. During her sleep she often emits a kind of suppressed sob. The powders have procured no stools; the vomiting continues; and there is some degree of fullness about the region of the liver. Pulse 112; urine scanty; strabismus rather encreased.

Continuatur Mistura.

℞. Submuriatis Hydrargyri gr. x.
Pulveris Tragacanth. comp. gr. xviij. Misce, et distribue in portiones æquales sex. Sumat unam quarta quaque hora.

22d—The powders have procured four dark-green glairy or gelatinous stools, streaked with white curdy matter; in other respects she remains as before. The blistered part being healed, another blister was applied on the same spot. Continuatur Mistura.

℞. Submuriatis Hydrargyri gr. xiv.
Pulveris Scammonii gr. viij.
——— Tragacanthæ comp. ℈j. Misce, et distribue in portiones viij. Sumat unam 6ta quaque hora.

23d. No stool since yesterday, although five of the powders have been taken. Retains nothing on the stomach. The pupils are much dilated; the skin is hot; pulse 90; tongue furred; urine more copious, but high coloured; sighs often. The blister rose.

Omittatur Mistura.

℞. Olei Ricini f ℥iij.
Vitelli ovi q. s.
Aquæ distillatæ f ℥v.
Tincturæ Cinnamonii comp. ♏x.
Sacchari ℈j. Misce ut fias haustus, vespere, nisi prius bene dejecerit alvus, sumendus.

24th. One stool only was procured, although the draught was given; it is slimy, or rather glassy, and of the same complexion as the former. Was very restless during the night, and frequently screamed out; generally, immediately afterwards, rising up in bed as if apprehensive of some evil. Tongue as yesterday; pulse 96; urine more copious, and less high coloured.

Applicentur Hirudines ij. temporibus singulis.

℞. Submuriatis Hydrargyri gr. xij.
Pulveris Scammonii gr. iv.
——— Tragacanthæ comp. ℈j. Misce, et distribue in portiones iv. Sumat unam 6tis horis.

Rep. Haustus oleosus cras mane, si opus fuerit.

30th. The powders and draught were daily given since the 24th; but two stools only, each day, were procured by them. In other respects the symptoms have continued nearly the same until this morning, when she had three severe convulsions, which left her so extremely languid, as scarcely to be roused when spoken to, or moved. Her breathing is short and quick; the pupils are very much dilated; and the strabismus is considerable. During the last convulsion, a stool was passed which had the appearance of glaucus, or light greyish green jelly, streaked with dark green and white. Urine very scanty: moans deeply in her sleep. Admoveatur Emplastrum Lyttæ inter scapulas.

Continuantur pulveres u. a.

℞. Liquoris Ammoniæ acetatis f ℥jss.
Misturæ Camphoræ f ℥xiv.
Potassæ acetatis ℈ij.
Syrupi Aurantii f ℥ij. Misce ut fiat
mistura, cujus sumat cochleare magnum 4ta quaque hora.

31st. The blister rose well; and she had a more composed night. The convulsions have not recurred. Has had three dark, slimy, very fœtid stools: urine scanty, and passed only with the stools; pulse 90, and small; tongue furred.

Rep. Pulveres, et Haustus oleosus u. a.

7th June. The powders and draught have been regularly taken since the last report; and have procured three or four copious, dark-green, slimy stools each day, which, however, are passed without urine: indeed, the action of the kidneys seems to have been nearly suspended for the last two days, as scarcely any urine has been passed. She has refused almost every kind of nourishment, except occasionally a small portion of rennet whey; yet, her strength does not seem to be very much exhausted. Her nights have been rather less disturbed; and she has been less drowsy during the day. The abdomen is tense; and an indication of pain is evident on the countenance, when the right hypochondrium is pressed. She does not now answer, nor point to any particular part, when questioned as to the seat of pain; but the countenance displays a most distressing picture of anxiety. The strabismus is not increased; pulse 96, with a sharp beat; tongue furred.

℞. Submuriatatis Hydrargyri gr. xij.
Pulveris Scammonii gr. iv.
——— Fol. Digitalis gr. iij. Misce,
et distribue in portiones æquales sex. Sumat j. 2da quaque hora.

9th. Has passed twelve fluid ounces of limpid urine, not very high coloured, since yesterday at noon. Has had three copious stools; pulse 86, softer.

Continuantur pulveres ut heri.

Vespere. Has had two stools; and has made a pint of urine since morning. Pulse 86.

Rep. Haustus purgans u. a.

10th. The urine has continued to flow freely. She has had one of the glairy green stools only: two others, which were passed this morning, being much more natural. Vomited about five o'clock; and appears to be distressed with nausea, as she, to-day, refused every kind of nourishment; pulse 80, much softer and fuller; tongue cleaner.

Continuantur pulveres.

12th. Yesterday she had two stools only, although the

powders were continued; but this morning she has had three very copious alvine evacuations, more natural; and the urine continues free. There have been almost incessant vomitings since the first of these stools, which have much exhausted her; but notwithstanding these, and although the pulse is small and intermits, yet the countenance is evidently improved; no strabismus is perceptible; and the pupils readily contract. The gums appear spongy.

Omittantur pulveres.

℞. Potassæ carbonatis ℈vj.
Aquæ Rosæ f℥iv.
Spiritus Myristicæ f℥iij.
Sacchari purissimi ℥j. Misce.

Sumatur sexta pars, in effervescentia, cum succi limonis recentis cochleario magno, 2da quaque hora.

13th. The vomiting has much abated; and she has taken a little gruel thinned with milk; pulse 86, soft and more regular; no stool.

Continuatur mistura.

14th. Has not vomited for the last twelve hours, and has slept four hours at a stretch. The countenance is much improved; and this morning, when asked by me how she was? answered, "better." Takes the gruel and milk freely; pulse 86; no stool.

Continuatur mistura; sed adduntur spiritus ammoniæ comp. ♏xxxvj.

Vespere. No stool.

Repetantur pulveres:—Sumat unam 6ta quaque hora.

15th. The powders produced two copious, nearly natural stools; in other respects as yesterday.

Continuatur mistura.

16th. No alteration of symptoms; no stool.

Continuatur mistura.

Repetantur pulveres.

17th. She complains of her mouth; and there is a considerable flow of saliva; urine free and limpid; no stool since the day before yesterday.

Omittatur mistura.—Sumat pulv. 8va quaque hora.

℞. Olei Ricini f℥ijss.
Vitelli Ovi q. s.
Aquæ distillati f℥vss.
Spiritus Lavendulæ comp. ♏vij.
Sacchari purissimi ℈j. Misce ut fiat

haustus primo cras mane sumendus, nisi prius dejecerit alvus.

18th. The purgative was taken, and produced two feeu-

lent stools; but she has vomited twice this morning. The salivation continues in a moderate degree; the urine is free; pulse 80, regular and soft; skin soft. She says her head-ach has left her; and she now sits up in bed, supported by pillows. Complains much of her mouth.

Continuatur mistura.
Omittantur pulveres.

19th. Continues to convalesce; but complains of her mouth, although the salivation is very moderate. Says she begins to feel a desire for food. Let her have milk with bread for breakfast; and well made beef tea, softened, on account of the soreness of the mouth, with arrow root, for dinner. If she expresses a wish to get out of bed, let it be indulged.

℞. Submuriatis Hydrarg. gr. xij.
Pulveris Digitalis gr. iij.
——— Scammonii gr. vj.
——— Tragacanthæ comp. gr. xviij. Misce, et distribue in portiones vj. Sumat j. omne mane et nocte.

℞. Carbonatis Potassæ ℈ij.
Spiritus Ammoniæ comp. ♏xij.
——— Myristicæ f ʒj.
Aquæ puræ f ℥j. Misce.
Sumat dimidiam, in effervescentia cum succi limonis cochleario magno, bis quotidie.

24th. She has had two stools only since the last report; but there is an evident improvement in every other respect. For two days past she has amused herself in bed with her toys; and to-day requested to be taken up and dressed; but was very much distressed to find she could not stand. The salivation continues in a slight degree.

℞. Liquoris Arsenicalis f ℥j.
——— Potassæ f ʒiv.
Tincturæ Aurantii f ʒx. Mist. cujus sumat ♏xv. ex. ex cochleario magno aquæ ter quotidie.

℞. Submur. Hydrargyri gr. xij.
Pulveris Digitalis gr. ij
——— Rhei ℈j.
Potassæ Sulphatis ʒss. Tere simul et distribue in chartulas iv. Sumat portionem j. omne mane et nocte.

30th. The powders have been regularly taken, and have produced two feculent stools daily. Her appetite and strength improves; and she is able to sit up six hours at a stretch. The salivation has nearly stopped. Let her take a powder every night only; and increase the dose of her drops to twenty-

five, to be taken in a fluid ounce of infusion of bark. In fine weather she may be carried out of doors.

July 14. She has not taken a powder for six days, the bowels having been naturally evacuated; and her health appears in every respect, completely restored.

She was now ordered to be taken to the country; particular directions being enjoined with regard to keeping her bowels regular; and, for a considerable length of time, confining her diet to the plainest kind of food. She has since remained in the country; in the enjoyment, as her mother informs me, of perfect health, and has become a stout vigorous child.

REMARKS.

In a disease, the pathology of which is yet very obscure; and "which," to use the words of a justly celebrated modern physician, "except in a very few instances, has hitherto baffled "all the efforts of the medical art to remove it*," every case, which can either elucidate the causes, or point out a successful method of treatment, is of the first importance. To rest too firmly upon the strict propriety of every part of the plan of treatment of the second of the foregoing cases, although it was successful, would be folly; but I am of opinion that I do not err in conceiving, that the principles which directed it were correct; when I remark that to the chief part of the plan, the continued course of purging, the cure of almost all the successful cases on record, of which I have read, may in a great measure, be fairly attributed†. With such an impression, and with a hope of being able to add something towards a more correct pathology of the disease under consideration, I trust the following observations will not be regarded as nugatory.

In the first case, the most remarkable circumstance was the deficiency of any symptoms, in the progress of the malady, indicative of the great extent of disease, which the dissection displayed in the liver: and which naturally suggested the question, Whether the disease of the head, or of the liver, was the primary affection? In nine of eleven dissections of Hydrocephalic cases, which I have had occasion to make, there were

---

* *Med. Trans. of the College of Physicians in London*, vol. iv. 8.

† *See Quin on Dropsy of the Brain. Appendix*, p. 148. 158. 175. *Med. and Phys. Journal*, vol. v. p. 121. 342. *Cheyne on Hydrocephalus acutus*, p. 111. 145. *Edin. Med. and Surg. Journ.* vol. vi, p. 282. *Hamilton on Purgative Medicines, 2d edit. Appendix, No. 4.* This case, although given under the title Marasmus, yet, is evidently one of the acute Hydrocephalus, in which the good effect of the purgative plan was conspicuous.

evident marks of strong inflammatory action having existed in the liver; and in two instances there was abscess, although not to the extent described in the first of the foregoing cases. In one of the remaining cases, there was intussusception of the jejunum; and in the other, marks of inflammation through the greater part of the colon, which, similar to Master C—'s, was much constricted.

The general neglect of examining the state of the abdominal viscera in dissections of Hydrocephalus is much to be regretted. In Quin's cases, the abdomen was opened in one instance only*; but then the mesenteric glands were much enlarged, some hard, others filled with thick fœtid pus. The ninth volume of *The Edinburgh Medical and Surgical Journal, p.* 399, contains a dissection of Hydrocephalus, in which the abdomen is stated to have been opened, "but no marks of "disease were observed, except a slight hardness and unusual "dark colour of the *liver.*" Mr. Abernethy†, speaking of the examination of the bodies of six patients, in whom the primary seat of disease was the abdominal viscera, although they "seemed to die rather of nervous disorder, (one with "apoplectic symptoms, five hemiphlegia,) than of the disease "of the parts first affected;" says, "In *all* these cases the "*liver* was greatly diseased, and the bowels also exhibited "diseased appearances. In three of the cases there was considerable inflammation of the membranes of the brain; and "a good deal of *water* in the brain." But Dr. Cheyne is the only author whose attention has been directly turned to the morbid state of the liver and other chylopoetic viscera in Hydrocephalus; and whose examinations correspond with mine. In Case I. Part 2. of Cheyne's Essay, p. 152, the dissection displayed spasmodic contractions of the small intestines; and, "the "whole of the convex surface of the liver was connected by "strong adhesions to the peritoneum;" both appearing to have been highly inflamed. In Case I. Part 3. p. 184, the liver was tubercular, and adhering; and the mesenteric glands diseased. In Case I. Part 4, the liver was darker than natural; in Case II. it was studded with white tubercles the size of millet seeds, and in Case IV. it was studded with minute white tubercles.

Owing to the few dissections of Hydrocephalus, in which the abdomen was examined prior to Dr. Cheyne's time, it is less remarkable that the state of the chylopoetic viscera, and their influence in the production of this disease, should have been

* Quin on Dropsy of the Brain, App. 178.

† *Surgical Works, vol. I. p.* 206.

overlooked; and it is to this respectable physician, as far as my information extends, that we are indebted for the first hints on this subject. "It is chiefly," says he, "from a morbid state "of the liver and alimentary canal, that we find the Hydroce-"phalic symptoms to arise." (p. 38 of his Essay.) Again, "Hy-"drocephalic symptoms of short standing often disappear, while "we are correcting the disorded state of these organs." (p. 83.) And following these remarks, Dr. Cheyne proposes the question, "Whether the disease often arises from the brain sympathizing "with the disordered state of the liver, and alimentary canal?" (p. 84.) With regard to this query, it has been justly remarked in a late respectable critical work*, "that many more oppor-"tunities of observation will be required, to determine whether "this be not an accidental coincidence, such as occurs with re-"gard to other organs; or, if the derangement of the Hepatic "system be found commonly present, to ascertain that it is not "subsequent and subordinate to the affection of the head." I am fully impressed with the importance of this remark; but, nevertheless, have little hesitation in stating, as my opinion, that where no external injury of the head, sufficient to affect the functions of the brain, can be traced, Hydrocephalus may be regarded as a secondary disease, or subordinate to a previous disease of the Hepatic system, or the alimentary canal.

I do not assert that no case of Hydrocephalus can occur without such a previous derangement of the Hepatic and Chylopoetic systems; being fully aware, that in medicine, more than any other branch of science, numerous anomalies occur; but, in the majority of instances where the disease can be traced *ab origine*, it will be found, that the digestive organs have been in fault for some time before the head has appeared in any degree affected. I have, unfortunately, had an opportunity of observing its earliest approaches, in my own family, and in the families, also, of some of my patients, who have suffered more than once by its ravages. In every case that I have seen under these circumstances, the bowels have become first irregular, the stomach ascescent, and the stools, whether natural or procured by medicines, have been fœtid and clay coloured; displaying evident defective action of the liver, and an imperfect formation of the bile. As these symptoms are too often overlooked, they gradually proceed; the patient becomes restless and irritable, sometimes screaming at night, although, apparently, pretty well during the day; until, by their duration, head-aches are produced; and, if these be constant or severe, the attention of the parents is at length attracted to the case. If the abdomen of the patient be now care-

---

* *Annual Medical Register, Vol. I. p.* 126.

fully examined, an expression of pain will often be observed on pressing the right hyphochondre; and a considerable degree of tenderness of the scalp is experienced, on the hair being combed or brushed. By the active exhibition of purgatives at this period the progress of the disease is arrested*; but, where these have not been exhibited, and the predisposition, which I conceive to be essential in every instance for the formation of the disease, exists, the deep cerebral vessels are soon morbidly excited, and those symptoms shew themselves, which no longer leave any doubt of the nature of the complaint. It is by no means necessary to suppose, that, for the support of the opinion here advanced, every diseased state of the digestive organs which may affect the head should produce Hydrocephalus. In those liable to this disease, there appears to be a peculiar state of the brain, which may be denominated *hydrocephalic*, predisposing its vessels, when excited by morbid states of the abdominal viscera, to take on that action which terminates in the effusion of water into the ventricles. Hence, with this predisposition, obstructions of the gall ducts, or other diseased states of the liver, strumous enlargement of the mesenteric glands, worms, foul bowels, dentition, or whatever can, inordinately excite the cerebral vessels, will produce Hydrocephalus, although in others the same circumstances would occasion only temporary affections of the head. We know that in a similar manner, Hæmoptysis and Catarrh may be the exciting causes of Phthisis, in those of a strumous habit, or Phthisical Diathesis, although, in those not so predisposed, no such consequences follow. The state of the brain hinted at may be the result of Scrophula, as Hydrocephalus often occurs in children of strumous constitutions, but at the same time we must acknowledge that numerous instances of the disease may be found running in families where no strumous affections have ever been evident. In what the peculiarity of the structure of the brain consists, by which its vessels become liable to take on the Hydrocephalic action, the minutest anatomy may never perhaps be able to develope; but we are not therefore authorised in rejecting the opinion. It is not the only instance in medicine where we can reason only from effects.

---

* It has been very much the fashion to regard as worm cases, incipient cases of Hydrocephalus, which have been arrested in this or even a more advanced stage of the disease, merely because they have yielded to the purgatives employed. For a proof of this assertion, see Dr. Fothergill's remarks on *Hydrocephalus Internus. Medical Observations, and Inquiries*, Vol. iv. p. 43. Dr. Watson's Observations, *Ibid.* p 78. Dr. Dobson's Case, *London Medical Journal*, Vol. vi. p. 214, and others.

Farther proofs of the abdominal viscera being the primary seat of disease, when water is collected in the ventricles of the brain, may be drawn from the facts also, that diseases which undoubtedly depend on a derangement of the chylopoetic viscera, often terminate in Hydrocephalus: for example, Chorea*, worms, marasmus, and remittent fever. Dissections also have displayed affections of the liver, in cases where the fatal disease was evidently seated in the head; thus in fatal apoplexies, when there has been one attack only, the liver has been found diseased; and the sympathy between the liver and the brain in mania has been long noted.

If the foregoing opinions, therefore, be just, the following may be regarded as the causes of Hydrocephalus internus:

1. The remote cause—a peculiar structure of the brain probably connected with a strumous taint of the constitution.

2. The exciting—external injuries of the head; and any diseased state of the abdominal viscera, particularly of the hepatic organs, sufficient to produce an increased excitement of the brain.

3. The proximate—a morbid action of the deep seated cerebral vessels.

The practical inferences to be drawn from these observations are sufficiently obvious. In those families where the Hydrocephalic Diathesis is suspected, the strictest attention should be given to the state of the abdominal viscera; and the least deviation from their healthy action instantly corrected. But, when the disease has actually commenced, the use of active purgatives cannot be too soon begun; and the course should be carried to a much greater length than has been customary. This need not preclude the employment of local blood letting, blisters, and other means of depletion, which are undoubtedly necessary for subduing the general increased vascular excitement; but by correcting the derangement of the digestive organs, those causes, which called into existence and continue the morbid action of the cerebrum, are removed, and the powers of the constitution left to restore its healthy functions.

In the commencement of the attack, the nature of the purgative to be employed is of little importance, provided it be adequate to the intended effect†; but when the disease is some-

---

* *Willan's Reports on the Diseases of London*, p. 452.

† Since these observations were prepared for the press, Dr. Denman has informed me, that having conceived an opinion that purgatives were likely to prove serviceable in Hydrocephalus, and having never seen an instance which terminated favourably under the ordinary treatment, he was induced to recommend the Elate-

what advanced, I am of opinion that calomel ought to be preferred, because whilst it stimulates the torpid bowels, the mercurial influence it exerts is of the first importance in altering the secretions of the abdominal viscera; and exciting the languid absorbents. As calomel, however, is very slow in its operation, or more frequently is, scarcely, sufficient to purge, without the addition of some other purgative, scammony, jalap, or aloes, should be united with it, as circumstances may direct. The difficulty of effecting the habit by mercurials in Hydrocephalus has been long noted; and from the observations I have had the opportunity of making, I am inclined to believe, that its constitutional effect is never evident in this disease until after long continued purging; when it first shews itself by the aspect of the stools indicating an improvement of the secretions of the digestive organs. In one case, Dr. Quin gave eighteen grains of calomel in a day without either salivation or much purging being produced*; and of two cases treated of by Dr. Clarke, one hundred and fourteen grains were taken in the one, and in the other seventy grains with similar effects†. In the case of Mrs. Page's child, the whole quantity of calomel administered, was three hundred and ten grains and a half, of which upwards of two hundred and thirty grains were taken before the mouth was affected; and then the Foxglove had made such an impression on the pulse, as to lead me almost to repent of my temerity in having pushed it so far.

With regard to the employment of Foxglove in Hydrocephalus, although it is generally given under the idea of its acting as a diuretic; and hence the employment of it is too often deferred until the permanent dilatation of the pupils is supposed to indicate the presence of water in the ventricles‡; yet I am disposed to agree with Dr. Cheyne and Dr. Garnet §, who had previously made the same remark, that its power of diminishing arterial action is that quality for which it is most useful;

---

rium in a case, for which he had lately been consulted. The consequence was, the most violent diarrhœa for several days, during which the symptoms of the disease disappeared, and the child recovered.

* *Quin—Appendix, p.* 164.

† *Edinburgh Medical and Surgical Journal, p.* 284.

‡ It is remarkable that practitioners should still depend on this indication, when the dilatation of the pupils occurs in so many other diseases of irritation, and encreased nervous susceptibility, where no pressure of the brain can be suspected.

§ *Medical and Physical Journal, Vol. V. p.* 124.

and in children's cases, it is preferable to the repetition of bleeding, either general or local, for that purpose.

How far the employment of the arsenical solution as a tonic, after the symptoms began to abate, in Page's case, was judicious, I will not pretend to decide; but it was ordered under the impression, that the desired effect would be more quickly produced by it, than by the Cinchona, or any other tonic.

Such are the observations to which the consideration of the two foregoing cases have led, and I trust their prolixity will be excused by the importance of the subject. The opinions, indeed, that have been advanced, have but little claim to novelty; and I am willing to allow to Dr. Cheyne, all the merit of having first suggested those views of the pathology of this formidable malady, which are most likely to lead to a more successful mode of treatment than has hitherto been adopted. If these cases and remarks, however, have interest sufficient to direct the attention of practitioners to that feature of the disease on which its more formidable symptoms depend, qui mutata mutat, sublata tollit; and which is within the influence of medicine; and to erase from their minds the idea of its *incurable* nature, I shall feel my labour in drawing them up amply repaid. Nothing, certainly can more retard the advancement of medical science, than the conviction that diseases are incurable. Where it prevails, genius is paralysed, and research regarded as vain; instead of endeavouring to trace the causes of the evils, we stand by, idle spectators of their effects; and whilst we should be exerting ourselves to avert, silently await the fatal events, which we are, unfortunately, disposed to regard as inevitable.

No. 92, Sloane Street,
30th Nov. 1813.

III.

Case of Gout, in which the Eau Medicinale increased the tendency to a return of the Paroxysm. By J. Hunter, Esq. *Mincing-lane, London.*

The various effects attributed to the *Eau Medicinale*, a remedy unquestionably of great powers, renders every fact respecting it of some importance. Among other effects believed to arise on the employment of this preparation, is that of inducing a very considerable increase of debility, and a more frequent recurrence of the disease, even when it quiets the pain of the gouty paroxysm. The following case seems to countenance this opinion.

A gentleman, aged 32 years, of a very robust habit of body, who had been the subject of gout for the last 10 years, was induced to try the *Eau Medicinale*, in consequence of the frequency and severity of his attacks, under the care of Dr. Routh. The disease was in some degree hereditary, his father being a gouty man, and the same disposition existing in his mother's family. Previous to his very severe attacks, he was in the habit of living freely as to eating, and also drinking a great quantity of wine and mixed liquors. On the 6th of August, 1810, he had an attack of gout in the hand and right elbow, which increased considerably for three days. At ten o'clock on the evening of the third day, he took half a bottle of the *Eau Medicinale*, which made him perspire very profusely, and relieved his pain. Six hours after, he had a good deal of nausea and sickness, so as to vomit a little; and the next evening a costive, but very bilious stool.

The parts were left very weak, but free from pain, so much so as to enable him to get up on his crutches; and two days afterwards he came to London, from Henley in Oxfordshire. In the course of a week from this time, he was again attacked in his right arm and hand, and on the following morning took nearly half a bottle of the *Eau Medicinale*, which purged him violently, made him sweat profusely, and considerably eased his pain. He was afterwards attacked in his left arm, and the next night took a quarter of a bottle more of the same medicine, which purged him six or seven times, and produced also nausea, vomiting and cold perspiration; the pain was eased, and he took 8 or 10 drops of laudanum to stop the purging. Since that time, the pain in his left arm and hand has continued severe, with extreme debility, more so than he has ever before been accustomed to. He refused to continue the medicine, from the very distressing sensations produced by it, and declared that nothing should ever prevail on him to take it again.

On the 18th of August he put himself under my care: having a great deal of pain and irritability. I gave him an aperient draught, with Pulv. Rhei and Magnes: Sulph: and after it had operated, some cardiac draughts, with Tinct. Opii ℳxx in each, to be taken every 4 or 6 hours, and put him upon the antiphlogistic regimen till all irritation was removed.

August 20th, pain relieved, but night restless.

21st, Draughts continued, with Pil. Opii gr. iss; slept better; complaint generally abated; spirits much improved; disposition to take food.

22nd, Continued the draughts and opium pill; passed a good night; the extremities so much relieved, as to be able to move with a stick, and go four miles from London in a chaise.

23d, Draughts continued; able to get a good night without the opium pill.

24th and 25th, Draughts continued without the pill. He was afterwards sufficiently well to pursue his business in London without the aid of medicine. Since that time he returned to Henley; and I understand, from a friend who sees him frequently, that he has again had repeated attacks of gout with equal severity, and subsequently more general debility.

Dec. 1813.

IV.

New facts in Chemical Attraction. By Mr. H. M. Da Costa, *communicated* by P. Fernandez, Esq. *New Ormond Street.*

The following facts being of considerable practical importance, and I believe perfectly new, you will favor me by inserting them in your Miscellany. With best wishes for the success of your design, &c. P. Fernandez.

In Bergman's tables of Chemical Attraction, corrected by Dr. Pearson, the affinity of acetic acid is stated in the following order—

Ammonia
Lime
Magnesia.

This is erroneous, as the subsequent experiments will prove.

1st. If lime be put into a solution of acetate of ammonia, ammonia will be evolved.

2dly. The same phenomenon will take place when magnesia is used: though it is curious that the carbonate of magnesia occasions no evolution of ammonia.

3dly. If the experiments are reversed, and a solution of ammonia be poured into a solution of lime or magnesia, no precipitate will be formed. — This proves that these two earths have a greater affinity for acetous acid than ammonia.

4thly. If lime water be poured into a solution of acetate of magnesia, an acetate of lime will be formed.

The order of attraction then must be as follows: —

Lime
Magnesia
Ammonia.

H. M. Da Costa.

V.

Observations on Medical Reform. By a COUNTRY PRACTITIONER.

IT will be admitted that the question of Medical Reform is highly important, whether it be considered as affecting the science of medicine, and the interests of its professors; or as it regards the public health. In all the periodical medical publications, this subject has occupied a large space; but I trust the discussion will soon be brought to a close by the decision of the Legislature; and that the *mens scientiæ* will not much longer be diverted from its proper course by the sophistry of one disputant, or the prejudices of another.

It is not my design to dilate upon the merits or demerits of the bill withdrawn, or upon the one about to be brought forward. It were absurd to attack that which is abandoned and defunct, or to criticise that which is yet *in limine:* but I may be permitted to express my opinion of the principles upon which the intended bill is founded, without pledging myself to approve of its details.

The ultimate success of the petitioners, in this case, must greatly depend on the line which the corporate medical bodies adopt, and on that which the London committee will pursue in this great question. I cannot deny, that the resolutions of the Committee of Sept. 4th ult. claim, in their present shape, much commendation; but in the details of a bill, there may be the same reasons as in the former instance for very solid objections. The report on which those resolutions are founded, is candid and liberal; and the appendix exhibits proofs that the committee have conducted the correspondence with guarded propriety, and with perfect respect to the medical bodies: a course from which nothing ought to induce them to swerve.

None, I conceive, after a dispassionate perusal of all the documents, but must seriously lament that the urgent and respectful applications of the committee should hitherto have been treated with so much repulsive indifference. To what motives can such apathy or neglect be imputed? That the College have, for some years, considered a new code for the better regulation and protection of every class of the medical profession absolutely indispensable, will not be questioned. Their plan, which is very comprehensive, was, it is said, drawn up by Dr. Latham, the present President, but was not disclosed to the public till 1806. From comparison, I presume, it was the model for the greater part of the late bill of the committee: but it had one marked difference; the first was retrospective; the latter prospective. However, it must be received as positive

evidence of the necessity the College felt for regulation, and a full confession that that learned body did, at that period, deem an act of the Legislature requisite.

The draft of this outline of the College Plan, "For an intended Bill for the better regulation of *Medical Practitioners, Chemists, Druggists, and Venders of Medicines*," I first saw in the Appendix to "A Letter to Sir Francis Milman, Bart. on Medical Reform, &c."

With the knowledge of this intention, and that the learned framer and promoter of this plan of reform now fills the presidential chair of that College, which we all recognize as the legal and proper head of the medical profession, can it be doubted but the proposed moderate measures of the committee will, through the influence of their enlightened President, be certainly acquiesced in by the Fellows?

I am decided that the College possess more real learning, and as much individual worth and honour as any corporate body. But in proportion to the respect arising from this, is the regret, that, corporately, their actions are guided by the common feelings and failings of mortality; and therefore, though enjoying every superior qualification, yet still they exhibit the genuine characteristic of all corporations—an excessive jealousy of their immunities, fancied or real. Over these prejudices, there may be some difficulty to prevail; but truth, aided by perseverance, will sooner or later succeed.

If I reverence the Physician, I cannot be blind to the narrow and short-sighted policy of the College. It is natural to the human mind to cling to long-enjoyed privileges and ancient customs. But be it also remembered, that all laws, however just and salutary originally, if inapplicable to times and circumstances, ought to be abrogated, and give place for others better adapted to the present state of society. If the good of the community, or the policy of the state require it, *that* may be demanded and obtained as a right, which, had it been conceded as a boon, might have received its full equivalent.

In the warmth this discussion has excited, much has been said very derogatory of legitimate argument, and of members of a liberal profession. Surely nothing so much weakens a cause as detraction. Nor can I perceive how the cause of Medical Reform is to be promoted by the success of any endeavour to depreciate the character of the physician. Certainly there is no class in whom all the qualities are more generally united that render man estimable and useful to his fellow creatures.

A general practitioner is indubitably of infinite importance to the commonwealth: as society is constituted, he cannot be dispensed with; and therefore ought to be encouraged and protected. But I will ever contend that the physician, with

equal mental powers and opportunities of practice, will assuredly, as he is more "*groundedly learned*," form the most judicious practitioner. Although universities do not generally present the best schools for obtaining medical knowledge, yet, in collegiate discipline, the mind of youth is early led to the exercise of its full reasoning powers; and by the study of polite literature, philosophy, and mathematics, his judgment is corrected and improved; and all his conclusions are deduced with true logical precision. Hence, when he comes to apply his mind, thus stored and trained, to medical studies, his observations and inferences are more just, and the application of them more successful in practice.

Edinburgh, with fewer local opportunities either for medical or anatomical studies, is now universally acknowledged a better school than London. Why is this? Because it unites all the advantages of college discipline with the means of acquiring the highest attainments in the arts and sciences, essential for a well-informed and efficient practitioner. Until some plan be adopted to give London similar advantages, the efforts of teachers will be vainly exerted to render, generally, the students of the London hospitals as well grounded in the principles of their profession as those educated at Edinburgh.

The fascinations of the luxurious metropolis of the empire, operating on the inexperienced mind of youth, just escaped from the trammels of a preceptor, are ever dangerous to the steady pursuit of their hospital duties; while even the most zealous and industrious have no other incitement to emulation than the intuitive dictates of a well-directed mind. There exist, in the London schools, no public examinations, no academic honours, to stimulate or reward genius or professional acquirements.

Among the numerous effusions, which the agitation of medical reform has elicited, the Memoir published in the Medical and Physical Journal of last October, signed "A Disinterested Physician," is particularly deserving consideration.

It has been objected to this writer, that he is incorrect in stating that candidates, graduates of the English universities, do not undergo examination, ere they are admitted as Fellows of the College of Physicians. In contradiction, it is said, that each candidate for a fellowship sustains three medical examinations, and that his attainments in the Greek language are likewise put to the test. If this be really the fact, it is somewhat singular that the error has been so general. I confess I had held the same notion of the examinations since 1805; in which I was confirmed by the following advertisement, which I copy, at length, from the 2d vol. of the Edin. Med. and Surg. Journal, p. 487, in justification of the opinion that has been

consequently, but, as I now understand, erroneously, entertained and promulgated.

Extract from the Acts 14th and 15th Henry VIII.

"That it may be enacted in this present parliament, that "no person from henceforth be suffered to exercise or practise "in physic through England, until such time that he be examined at London, by the said president and three of the "said elects, and have from the said president and elects letters testimonial of their approving and examination: *except "he be a graduate of Oxford or Cambridge, which hath accomplished* ALL THINGS *for* HIS FORM *without any* GRACE."

By Order of the College,

June 25, 1805. JAMES HERVEY, M. D. Registrar.

If this extract has been misconstrued, it were to be wished that it had been published in the language of the present day, rather than of Henry VIII; which would have precluded the possibility of misapprehension.

However I blame and regret the conduct of the learned College, in rejecting the overtures of the Association, I applaud the open and manly notification of their resolution to oppose the late Bill in Parliament.

Would that it were possible I could add as much in defence or extenuation of the Court of the College of Surgeons.—They, first, promptly and unequivocally declare, that they will not *interfere* with the application of the Association to Parliament; and then, without having required explanation of such parts of the Bill as were objectionable, and without any previous notice to its framers, vehemently and unfairly opposed it on the eve of its being read a second time; and when it must be well known it was too late for the committee to inquire on what ground the objections of the Court were founded. The manner with which they have evaded the renewed respectful appeal of the committee augurs unfavourably of any alteration of sentiment, or disposition to conciliate.

The Court of the Society of Apothecaries confess themselves the humble servants of the College of Physicians, and will only act under their dictation.

My country brethren, I find, are generally disappointed, and therefore are now indifferent to the proceedings on this subject. In the same proportion as the expectations excited by the provisions of the former Bill were raised, the Resolutions of September the 4th, which the committee circulated as the basis of a new bill, depressed them. For myself, I avow, I was never an advocate or supporter of the late bill: it was an undigested, incongruous mass of materials,

that never could be arranged to produce any effective or useful operation. The objects now meditated are simple, defined, and few; and, if enacted, may prove salutary. At least the public must see and feel that such views are really disinterested; and that the immediate interests of the practitioner are not the main principle. But, actuated by a true spirit of patriotism and philanthropy, the applicants plead for authority to enforce a regular medical education, and examination of the qualifications of all to practise any branch of the Medical Art. If the committee honestly adhere to these principles, they have my approbation. These once obtained, the great and pressing evils most complained of will gradually be corrected; the importance and utility of the regular practitioner will be acknowledged and duly appreciated; and we shall bequeath, as a legacy to our children, the benefits of our experience, of our sacrifices, and of our successful exertions.

Manchester, Nov. 20th, 1813.

VI.

Case of Uterine Monstrosity. By Robert Smart, Esq. Surgeon, Cranbourn, Dorset, communicated from the Salisbury Medical Society, by Henry Smith, Esq. President.

Mrs. M——, the subject of this case, of healthy constitution and active mind, was about twenty-three years of age, when she was supposed to have become pregnant with her first child. Her situation was attended with the usual symptoms of conception. Together with suppressed Catamenia, there was morning sickness, enlargement, tenderness, and occasional shooting pains in the Mammæ. The Areolæ were dark, and a serous fluid in small quantities sometimes escaped from the nipples. She went on thus with very little variation until the eighteenth or nineteenth week, when these accompanying marks entirely ceased, and completely left her. Not experiencing that sensation commonly called quickening, as she expected, and thinking herself decreased in size, she became alarmed, and made her case known about the end of the fifth month; impressed very naturally with a belief, that the fœtus was dead. Her appetite being good, and her general health by no means disturbed, I only endeavoured to calm her anxiety, and tranquillize her doubts and apprehensions, by assuring her of the great probability that might reasonably be entertained of her ultimate safety. Mrs. M. continued much in this state until the arrival of the full period of Utero-Gestation, when I was

sent for one morning very early, in consequence of a few slight pains, and the appearance of a bag protruding at the Os externum, half the size of a large orange:—This sacculus, I found to consist of a double membrane, containing about four or five ounces of a purplish fluid. The uncomfortable sensation excited by this, together with the alarm, induced me to let out the fluid, and I could then easily trace this membrane through the Os Uteri, which was at this time rigid and but little dilated. There was a small quantity of discharge, very bright and fresh, just enough to slightly tinge the urine, which she frequently passed in small quantity, during the dilatation of the Os Uteri. Her pains gradually strengthened, but were at no time severe, from five in the morning until ten at night. The discharge increased as the pains became stronger, but was never sufficient to excite the least fear of dangerous consequences. About this time, making an examination during a pain, I discovered a substance engaged in the Os Uteri, the feel of which very much resembled, and indeed conveyed the idea, that it was the placenta. After a few pains more, the Os Uteri having acquired a sufficient degree of dilatation, this substance was suddenly thrust through and wholly expelled the Uterus, into the vagina, which it entirely filled. Having satisfied myself by a careful examination, that it was perfectly free, and unattached, I easily removed it from the vagina, and found it to possess the following appearances.

Its shape was truly pyriform, and the whole of its external surface fleshy and furrowed, from the apparent impression of large vessels having everywhere passed over it; and which sulci became gradually deeper as they approached the Fundus. There was an opening in its apex, exactly resembling the Os Uteri in its relaxed state; and on the posterior side near the extremity, were three flat, smooth, distinct surfaces, which, from their freshness, appeared to be the points by which it was attached or adhered to the Uterus. The double membrane, before spoken of as having contained the fluid, hung suspended round the neck of this substance, an inch above the opening. On cutting through the substance towards the Fundus, this membrane seemed to be reflected, and continued within, lining the whole of the internal part, and was everywhere studded with hydatids of various forms and sizes, adhering, or rather, firmly fixed into it; and which meeting with others on opposite parts, nearly obliterated the cavity, the parietes of which were fleshy and strong, and a quarter of an inch thick. The whole weighed between thirteen and fourteen ounces. Mrs. M. was quite well in a fortnight, and has since had a very fine and perfect child.

PART II.

FOREIGN MEDICAL SCIENCE AND LITERATURE.

The Sciences of Medicine and Surgery are too important and useful to mankind, not to form a prominent feature in the erudition of every civilized nation; and the Editors, having made arrangements to obtain a regular supply of professional Journals from the Continent, hope to present their readers with such extracts from them and such information from other sources, as may be conducive to the success of their plan and to the advancement of Medical Literature.

The multiplicity of systems which are ushered into existence by speculative reasonings, are to be considered as excrescences on the trunk of knowledge and the branches of science. They are like *Prolusiones Academicæ* and literary trifles, which speedily disappear, or they are re-modelled by their ingenious authors into new forms of transitory existence. These neither deserve to be seriously refuted, nor commented on with the severity of criticism; because the *quality* of mind of such authors is too low in the scale of reason to be capable of being useful to the world, or of becoming dangerous to the steady progression of an art, founded on reiterated experiments and demonstrative facts, and improved by syllogistic inferences, in which even the closest analogical reasoning ought to be admitted with extreme caution.

In Germany, the cradle of the arts, abounding in Universities, and long celebrated for the laborious researches of its Professors, every department of the Medical Profession is studied with avidity and taught with success. At Göttingen, two systems of medicine are lectured on; one almost exclusively practical, the other more theoretical, upon the principle of excess or defect of irritability. The names of Richter, Himly, Osiander, and Langenbeck are sufficient to convince us of the present respectability of that University. Berlin has been very lately endowed by the King of Prussia with the means of form-

ing an excellent medical school; and Professor Reil from Halle teaches the Theory and Practice of Physic, Loder gives Lectures on Anatomy, Physiology, and Surgery, and the other departments are sustained with ability.

Vienna has a professional establishment with teachers of merited reputation. At Halle, Leipsig, Jena, Freyburg, Wurzburg, Marburg, Giessen, Tubingen, Heidelberg, Salzburg, and other places in Germany, professors are appointed, who teach various systems of medicine. They are all permitted to expound their own doctrines, many of which are built upon the new system called the Philosophy of Nature; and, as the students are not restrained from permission to attend any, or all of them, it is obvious that Germany is the nursery of Science, as well as a prolific source of speculative opinions.

Every University of Germany has a public professor of Surgery, who teaches the art on the principles most esteemed. Those students who had previously received a literary education, and devote their attention to the branch of useful knowledge, take a degree of Doctor in Surgery *(Chirurgiæ Doctor)*. They hold the rank of Physician, and receive high emoluments. Some of them *also* obtain a diploma as Physician *(Medicinæ Doctor)*. These are thinly scattered in the cities and large towns of Germany, where the *routine, or common, Surgeon* is not better informed than a village barber, or farrier in England.

In FRANCE, the region of fancy, at all times more celebrated for the quickness of perception of its inhabitants and their versatility, than for the depth of their research in the arts, the progress of Medicine has been less conspicuous than in Germany or England. The illustrious Louis XIV. a liberal protector of science, established professorships, and appointed teachers of Medicine and Surgery at Paris in the seventeenth century; but it should seem, that the degree of patient and often tedious investigation of the causes of disease, requisite to acquire high renown in the *medical* art, has not been suitable to the genius of the people. The theory and practice of physic in France have sustained less change within the last hundred years, than in either of the other countries. A perusal of their most esteemed authors will elucidate the fact; and, until a very late period, the German physician was preferred in Paris, and considered as much superior to a native student, as the Scotch physician formerly was in London, where he is still highly respected: but the acknowledged ability of teachers of Medicine, and the extensive experience obtained in its numerous and well-regulated hospitals, have long rendered a London Medical Education equal to any in Europe; and the acquirements of its students are now justly appreciated in every part of the world.

The Science of Chemistry, however, has been of late cultivated with success in France, and has served, materially, to improve the method of curing diseases by the employment of those powerful mineral agents, which obtained a long priority of use in England and Germany. The establishment of the National Institute, and the annual publication of its papers on chemistry, botany, comparative anatomy, &c. will tend to advance the study of Medicine, as a most useful branch of natural philosophy, and, if sedulously cultivated on the basis of anatomy and physiology, with a cautious theory, the professors of that country will rank high in the estimation of their neighbours, and the inhabitants of Paris will not require their practical physician to have a German accent, as a passport to professional occupation.

Surgery has been long cultivated with more success; and the Memoires de l'Academie Royale de Chirurgie may be referred to as a fair specimen, both of an aptitude to improve this indispensable department of the profession, and a more general forwardness of it, than can be found in the acts of any public body in Germany or England anterior to the last thirty years*. Since which time the labours of Pott, Hunter, Bell, Abernethy, Cooper, and many excellent anatomists and scientific men of Britain, have advanced the principles and practice of Surgery to a degree of precision and perfection, which is not exceeded in any part of Europe.

In Holland, a country opulent only in proportion to its commercial prosperity, the inhabitants have been too severely oppressed during the last 18 years by the iron rod of military despotism, too much impoverished and depressed, to be able to devote much attention to the arts; and the University of Leyden, the school of the learned and industrious Boerhaave, is no longer in the highest reputation. The same doctrines are now taught as were promulgated by him; notwithstanding the subsequent increase in every collateral branch of knowledge, and the proportionate improvements in the theory and practice of

---

* The French Surgeons have usually excelled in the management of bandages, which, in general, are not sufficiently regarded by the Surgeons in England, although it is universally admitted, that compression, judiciously employed, is one of the most useful auxiliaries in the cure of wounds, and the successful treatment of many external diseases.—As a proof of this, were a proof required, we have but to refer to the cures performed by bandages, perhaps simply, in the plan employed by Mr. Baynton of Bristol, for ulcers on the lower extremity.

medicine: and to this cause, particularly, may be attributed the minished respectability of this once eminent University.

Italy, the nation of ancient fame, meriting our thanks for the revival of medical literature in its schools of Salernum, Padua, Bologna, and Sienna, has not of late contributed her share to the stock of scientific acquirement, if we except the important labours of Morgagni, and the useful and splendid models of Fontana, and a few other anatomists. Spain (including Portugal) has not been celebrated, since the days of the Arabian Physicians, for any particular advancement in the Medical Sciences. The days of Philip were more famed for military exploits than literary affairs. The close connection between Italy and Spain, in policy and family alliances, rendered the former country the seat of arts, the latter of arms, during the 13th and 14th centuries. The contiguity of Montpellier, an university of high repute, rendered it available to the students of medicine; and the universities of Madrid, Salamanca, and Coimbra, however respectable as local sources of knowledge to the inhabitants of Spain and Portugal, do not, at present, possess an exterior reputation in Medical Science, equal to those of Britain, Germany, or France. The restoration of these countries to a state of national independence, by the powerful aid of England, the ready and universal protector of suffering humanity, may re-animate their depressed inhabitants, enable them to devote much attention to the arts, and progressively to contribute their assistance to the general advancement of Medical Science.

Russia, vast in its extent, of rapid progression in arts and arms, may present occasional sources of medical information; for it has been the policy of every monarch since Peter, justly surnamed the Great, to promote the prosperity and happiness of their subjects, by calling professors from every part of Europe, to give celebrity to an university established in the frozen regions of the North. It is in the memory of us all, that one of the most learned teachers of the practice of physic in London (Dr. Crighton), was induced, under the auspices of the magnanimous Alexander, to remove to St. Petersburgh, and transfer his well-earned reputation in England to the chair of a professor in the new metropolis of the Czars of Muscovy. Sweden, the country of Linnæus, and its neighbour, Denmark, possess universities, in which Medicine and Surgery are taught; and, if they be not at present so eminent as some others on the continent, their public professors may, occasionally, offer to the medical world new facts and observations worthy to be recorded in our language.

It is well known, however, that the state of Europe for the

last ten years, has not only impeded, but in some measure totally interrupted, the transmission of books and literary intelligence from the continent to England. But it is not, perhaps, so generally known, that, notwithstanding the boasted protection afforded to men of science and literature by the present French government, almost every periodical work of eminence, printed beyond the limits of ancient France, has been suppressed by authority, or dwindled out of existence from the paucity of authors and readers. The distracted state of Germany for many years has permitted no profession, but that of arms, to obtain subsistence. The conscriptions have left no residents but the aged professors in the foreign universities; and the frequent requisitions of the French authorities have, in many instances, deprived even them of the funds necessary for their daily subsistence.

At Jena, for example, a Literary Journal was published for nearly a century, under the denomination of the "LITERATŪR ZEITUNG." It was devoted to the analytical criticism of almost every work published in Europe, and was considered as a perfect model of what a Review ought to be: it also contained abundance of literary intelligence. This Journal was suppressed in 1806; but a re-publication was ordered in the French language, and the name was changed into that of "Gazette Litteraire, Napoleon." Whether the name, thus given, or the language it which it was now published, was most unpopular in Germany, we know not; but certain it is, that only two or three numbers of it saw the light.

The celebrated Hufeland, of Berlin, also published for many years a Journal entirely devoted to medical subjects, but we have reason to believe that it may be now discontinued.

Almost the whole of the medical and scientific intelligence of the continent has, therefore, been confined for several years to the Journals published at Paris; but even these have suffered from the hectic produced by the *Upas* of the continental system. It is a curious, but well-authenticated fact, that Great Britain, with its colonies and dependencies, used to export from the continent one half, and, in many instances, two-thirds, of the number printed of all foreign works of repute. The circulation, therefore, of the Journals published at Paris, devoted to science and literature, have also suffered greatly from the interruption of intercourse already complained of; and several have dropped within these few years. The Annales de Chimie, the Journal de Physique, the Journal de Medecine, the Annales du Museum d'Histoire Naturelle, are still kept up. The death of Sonnini the traveller, closed the career of the *Biblio-*

theque Physique Œconomique, of which he was editor. At least, no number has reached this country since that event, which happened in the winter of 1812-13.

But the progress of science has not been retarded by the unhappy stagnation of the trade and mystery of book-making alone. The learned societies of the continent (with the exception of Paris perhaps) have not had any competitors for their prize medals for many years. We have now before us a periodical publication from Holland, dated May 1813; from which it appears that the prize question for 1804 had only been answered in 1812!

We have thus endeavoured to account for the apparent scantiness of foreign intelligence; but have nevertheless made what we trust our readers will regard as an interesting selection. In future, we shall have the command of a greater variety of materials in this department. The ports of nearly the whole of the continent, with the exception of France, are now open to British vessels; and we have commissioned a zealous and intelligent agent to proceed to Germany and Holland, to make such arrangements as shall ensure a constant supply of works of interest and merit, as soon as they are published.

From all these sources, and from America, when the present parricidal war shall have ceased, do the Editors expect occasionally to draw much instruction; and they will avail themselves of every opportunity of collecting such authentic information in Anatomy, Physiology, Pathology, Chemistry, Pharmacy, and Botany, as may be considered useful to the readers of the London Medical, Surgical, and Pharmaceutical Repository, and the general improvement of the profession, either by the review of those books, which may deserve very particular attention, or by extracts from others, directly or indirectly connected with those subjects, and in this manner to contribute their efforts towards the more general diffusion of knowledge.

1.—The French government having lately offered a large premium for the best essay (memoir) on the nature and successful treatment of the croup; a special committee of Messrs. Dessarts, Portal, Hallé, Pinel, Thouret, Corvisart, Chaussier, Leroux, Duchan, Royer-Collard, and Balleroy, was appointed to examine the papers transmitted. Eighty-three were received, two of which were so highly approved, and considered to possess such equal merit for correctness of pathology and method of cure, that the premium was divided between M. Jurine, Professor of Anatomy and Surgeon, of Geneva, and Dr. John

Abraham Albert of Bremen, *Doctor of Medicine and Surgery*, and Member of the Imperial and Royal Academy of the late Emperor Joseph at Vienna, &c.

The particular doctrines of their important papers are not related, but mention is made of another essay deserving notice, on account of a novel remedy as a specific for this disease, and also for *Pertussis*. The Sulphuret of Potass, commonly called *Hepar Sulphuris*, six grains to be given night and morning, in a little honey or syrup. To be taken as soon as mixed, either by a spoon, or when given to infants, by dipping the finger into it, and permitting them to suck off the medicine. Each dose to be sent in a separate phial well corked. The quantity may be increased to ten grains, and gradually diminished with the removal of the complaint.

The Physicians and Surgeons on the committee did not offer any opinion upon this specific so called, but requested to receive further information on its influence both in the croup and catarrhal affection of the fauces; and physicians in different parts of the country were requested to communicate the result of their observations. We think it highly creditable to the science of these gentlemen not to have given such an opinion of this remedy for *croup*, as would lead practitioners to depend upon it in the acute stage of a disease, which invades the patient with so much dangerous and often fatal activity, and which, in our conception, can only be resisted by the most energetic means, that is, by the *early* abstraction of blood and the liberal use of those medicines which can diminish and modify the diseased action upon the surface of a mucous membrane of the highest importance. The same remark is not applicable to Hooping Cough, which is usually a protracted disease, and often little under the controul of medicine. We consider, therefore, that a judicious employment of the Sulphuret of Potass may be safely resorted to, first, in the doses mentioned, and afterwards, in such as may be found suitable to the age and strength of the child, or the activity of the disease; but we should caution our readers not to *depend* on this remedy, if the complaint should assume an active form, requiring the agency of leeches, blisters, emetics, antimonial medicines, or the warm bath, which will be occasionally employed to lower the febrile state of the system, and to diminish the local inflammation.

2.—Doctor Bremer, of Berlin, having been called to see a patient at the village of Malchau, near that capital, accidentally perceived several cows with pustules on their teats, most of which were in a state of advanced progress. One of the cows had two pustules filled with fluid, which in *form* and *colour*,

possessed all the characters of the Vaccine, when produced in the human subject by the usual mode of Vaccination from one individual to another. Dr. B. found four children in the village who had neither had the Small Pox nor had they been vaccinated. He inoculated them on the 14th of May 1812, with fluid from the two pustules on the cow.

He returned to Malchau on the 16th, when he saw a milking-girl, (who was absent on the 14th,) who had three pustules on the right hand, with all the essential characters of the Vaccine Disease, which had been received by contact with the teats of the cows. One of the pustules had just appeared, another was far advanced, and the third, although it had been ruptured through curiosity, contained enough of *a very clear fluid* to permit the immediate inoculation of eight children in the village. The milk-maid had experienced considerable fever, and the subaxillany glands were swelled and painful.

Doctor Bremer caused a drawing to be made from this girl's hand: he observed that the pustules occupied the same places as those on the young woman's hand, first observed by Dr. Jenner, described in his book. The twelve children thus inoculated, namely, four from the cow and eight from the human subject, had the true Vaccine Disease *(la Vraie Vaccine).* Three other children, who were vaccinated by Dr. Bremer from lymph, produced by a second and third inoculation, that is, after passing through two or three other subjects, were presented to the Medical Society of Berlin, and the pustules were found to possess all the characters of the genuine disease.

Doctor Bremer and M. La Bouisse, a regimental Surgeon, inoculated two children on the 14th of June, with matter obtained from the scab taken from the cow's teat at Malchau; both had the true Vaccine pustule, and the fluid obtained from these children was *successfully* employed upon twenty-five others. No mention is made of the manner of using these incrustations; but as, on another occasion, these gentlemen caused them to be reduced into powder, and made into the consistence of syrup, we presume that cold distilled water was used for this purpose. Eight other children were vaccinated with the fluid so obtained, not one received the complaint; but twelve children were submitted to the influence of a fluid made in the same manner from the dried scab which came from the arm of a girl, who was vaccinated at Malchau, from the cow, and *three* of these had the Cow-pox in its regular form.

It has been observed that the intensity of all the symptoms excited by vaccination is greater in proportion to the proximity of its source from the cow: and that it is lessened by the successive transmission from one human subject to another; such, at least, is said to be the result of observations made in Holstein,

Westphalia, Lombardy, and in different parts of France. Dr. Bremer has remarked, that the complaint must have come on spontaneously in the cows, as there was not any reason to suspect it could have been communicated from the disease of the horse, to which it has been attributed.

3.—Mons. Deschamps of Lausanne has announced to the Society of Agriculture, Natural History, and the Arts at Lyons, the experiments he made in France on the culture of the tea-plant from Japan; and the Society became convinced that it would be successful by observing the manner pointed out by him of sowing the plant, the choice of soil, and the suitable degree of exposure, proper care in its growth and improvement, with requisite attention to the modes of collecting the leaves.

Mr. Deschamps convinced himself, by analysing the Japanese tea, that it does not contain either tannin, or Gallic acid principles, which common tea possesses, and in which its property of exciting the nervous system, and producing tremors, is supposed to reside.

It is, therefore, observed that a plant may be usefully cultivated in France, capable of supplying the place of tea brought from China. It had been remarked that the infusion made from leaves so produced, has a disagreeable taste. Mr. Deschamps is said to have corrected this, by pouring a little very hot water (bien chaude) on the leaves, decanting it *two or three minutes* afterwards, and throwing it away, he then added the proper quantity of boiling water, and made the tea in the usual manner.

M. Madiot has also cultivated the Japanese tea with equal success: he produced many parcels of it containing leaves gathered by himself. Several members of the Society having made an infusion of these leaves, were of opinion, that they might supply the place of tea imported from China.

The numerous experiments of the French chemists to extract saccharine matter from various vegetable substances, as a substitute for sugar, and the present endeavours to supersede the British commerce in tea, are ingenious proofs of an anxiety to improve the territorial resources of their country, as well as to rival our nation in the supply of articles from which so considerable a revenue is derived by the government.

4.—In the Annales de Chimie, a work by Mons. Dumas, entitled *Doctrine Générale des Maladies Chroniques*, is highly commended as a book of deep research and correct reasoning, said to be founded on solid principles, and strengthened by excellent theory and successful practice. We have not seen this

production of M. Dumas, but will endeavour to procure it; and if the doctrine shall prove to be original, or interesting to British Practitioners, we shall not fail in presenting it for the perusal of our readers.

The Editors hoped to have been able to include in their first Number an elaborate review of a very important work of Dr. Swediaur, called a New System of Nosology, but the press of other matter, and particularly the priority of notice due to the labours of the Royal College of Physicians, oblige them to defer it until February. This indeed may expose them to the anticipation of cotemporary Journalists in their remarks on the book alluded to; but, having already gone through every section and subdivision of the work with minute attention, whatever may be done by others, their critique being completed will be submitted verbatim, for the consideration of the Profession.

PART III.

ANALYTICAL REVIEW.

I. *Medical Transactions, published by the College of Physicians in London, Volume the Fourth,* 8vo. p.p. 415. LONGMAN and Co. 1813.

SO long ago as the year 1767, at the suggestion of the late Doctor William Heberden*, the College of Physicians published its first volume of Medical Transactions. In four years this was followed by a second; fourteen years then elapsed before a third made its appearance; and from that period until the publication of the volume now before us, which forms the fourth of the series, five lustres, the most eventful, perhaps, in the History of the Sciences, have passed away, without a single

---

* The following is our authority for the above assertion:—"Anno 1766, autor fuit Collegio Medicorum ut commentarios "vulgarent earum rerum, quas fors aut ratio cuique objecisset, "unde ars sua amplificaretur: quod consilium cum sociorum con-"sensu comprobatum est, duo volumina, et postea tertium, edita "sunt." *G. Heberden Commentarii, p. viii.*

medical communication, except in the shape of a Pharmacopœia, having issued from the College. Whether this pause proceeded from a dread of the cacoëthes scribendi, or from a deficiency of materials, owing to a halt in the progress of Medical Science, we will not pretend to determine: but we mention the circumstance, as one to be regretted; and we hail the appearance of the present publication as a proof that the learned Body from which it proceeds has still at heart the improvement of the Profession, and the advancement of Medical Literature.

If this volume, however, has been long delayed, we must acknowledge that it may claim the merit of being more legitimate than any of its predecessors, except the first; for of twenty-five papers which it contains, not more than four have been contributed by strangers; whereas of fifty-three contained in the second and third volumes, twenty-four only are the productions of Fellows of the College. We conceive this comparison to be highly creditable to the present Fellows; and it would not become us even to hint at the circumstances that may have thus stimulated their industry.

As in the preceding volumes, the papers are arranged according to the order of time in which they were read at the College. In a critical analysis of them, the same arrangement might be adopted; but we prefer examining the papers of each contributor in immediate succession. Before proceeding to our examination, however, we must remark, that in the advertisement attached to the volume, any apology for its delay is very judiciously avoided. It merely states the readiness of the College to receive Medical Papers; and its declaration, that as a body, it does not "mean to vouch of the accuracy of any relation, or to give authority to any opinion contained in the papers."

Dr. Baillie has contributed three papers; two of them dated in 1806, describing singular anomalies in pathology; and the other read so lately as December 1812, determining a diagnostic point of considerable importance.

The first of these papers details "*the case of a boy, seven years of age, who had* Hydrocephalus, *in whom some of the bones of the scull, once firmly united, were, in the progress of the disease, separated to a considerable distance from each other.*" The patient was first seen by the Doctor in May 1804; and, although the separation of the bones was not discovered until the end of December, yet it is probable that a temporary cessation of the symptoms of the disease, which occurred in the course of three or four weeks, arose from the sutures then yielding. The greatest extent of the separation of the bones from each other, was three quarters of an inch. The enlargement of the head thus pro-

duced, did not, however, long mitigate the sufferings of the patient, who became paralytic in both sets of extremities, and "during the last week of his life had daily attacks of convulsions." The following are the circumstances discovered by dissection, which sufficiently explain the peculiarity of the case; and which we shall give in the Doctor's own words:

"In examining the edges of the two parietal bones at the sagittal suture, the processes of union appeared to be more simple in their form, and fewer in number, than is usual in children of the same age. The same circumstances were observed in examining the edges of the frontal and parietal bones at the coronal suture."—p. 6.

The natural consequence of the continued pressure of the expanded brain against these bones, was also made evident by the dissection. "The edges of the frontal and parietal bones, were thinner than is usual at the same period of life."—p. 7. But we could not refrain from smiling at the remark which immediately follows, coming from so grave a reasoner as the learned Doctor: that "had the patient lived still longer, they would probably have become still thinner, through the continued influence of the same cause, keeping up an increased action in the absorbent vessels of these bones."—p. 7.

The next paper details a case of Hydrocephalus also, and illustrates the impropriety of regarding the dilatation of the pupils, accompanied with imperfect vision and strabismus, as a constant indication of the presence of water in the ventricles of the brain. The patient was a gentleman aged fifty-six. Paralysis had come on so early as the second day of the attack; and the recollection of language was so imperfect, that the words "Yes, yes, no, no, Mr. *Reed*, *yesterday*, were employed upon all occasions, with a great variety of tone, to express pleasure and displeasure, joy, and sorrow, to explain the circumstances of his disorder, and to give directions about what he wanted."—p. 9. Besides the paralysis, contractions of the extremities also took place, and the right arm acquired so much rigidity in the contracted posture, "as to resemble in some degree the permanent attitude of a Faiker in Hindostan."—p. 11. "About two months, also, before the patient died, the right thigh and leg became much swelled, and there were even appearances which denoted a tendency to mortification; but these soon vanished, and the swelling gradually in a great measure subsided."—p. 12. Notwithstanding these appearances of pressure, there was no strabismus, no dilatation of the pupils, no imperfection of vision, nor any of the symptoms which usually indicate the accumulation of water in the ventricles. On opening the body there was no appearance of blood having been extravasated in any part of the substance of the brains.

"The lateral ventricles of the brain, however, were found to contain rather more than six ounces of water."—p. 15.

We cannot but regret, that, under the eye of so able an anatomist, the abdominal viscera in neither of these cases were examined. We have already given our opinion fully on this subject*; and trust, the hints we have thrown out, may have the effect of directing the attention of anatomists to these organs in future dissections of cases of Hydrocephalus.

The diagnostick point, which Dr. Baillie has determined, in the third of his communications, published in the volume before us, refers to an increased pulsation of the aorta in the epigrastric region, which might be mistaken for an aneurism of that vessel. In one instance, such a mistake was made by Sir Cæsar Hawkins and Mr. Bromfield, and Dr. Hunter gave a doubtful opinion as to the nature of the symptom twenty-five years before the patient consulted Dr. Baillie concerning it. Dissections of two patients, "who had this pulsation strongly marked, and who had died from other diseases," displayed no appearances of diseased structure in the aorta itself, or of its larger branches; but in most cases this increased action is found to be connected with an imperfect digestion, and an irritable constitution."

Our attention was directed to this pulsation, a considerable time ago, by a respectable physician, a Fellow of the College, who stated, that he had frequently observed it in cases of derangement of the hepatic organs: and we have since noticed it in three instances, the last a severe case of Hæmoptysis, in which it probably depended on augmented nervous irritability. The pulsation was so strong as to keep the patient awake the greater part of every night; and it still continues in a diminished degree, although the health in every other respect is almost completely restored. That there was no organic disease of some of the abdominal viscera in this case, on which both the Hæmoptysis and the pulsation depended, we will not pretend to determine: and we can scarcely persuade ourselves to view it as a symptom of so trivial a nature as Doctor Baillie regards it, till its causes be further elucidated by future research and experience. The following is a correct description of this symptom:—

"It occurs both in men and women, but more commonly in the former than in the latter. In one individual the pulsation is much more strongly marked than in another; and in the same individual it varies a good deal in its strength at different times. In some instances the pulsation is more strongly to be felt in the

---

* *Vide Art. II. of the present Number.*

evening than in the forenoon. It is generally more distinctly to be felt when the patient is in the horizontal posture; and sometimes the pulsation is so strong as to be visible to the eye, even at some distance, when the surface of the epigastric region is exposed to view. In some instances, the boundary of the artery, while it pulsates, can be very distinctly felt, and it may even occasionally be traced nearly as low as the navel. I do not recollect that there is any peculiarity in the pulse of persons affected with this complaint. It is commonly neither intermittent, nor remarkable either for frequency, strength, or weakness."—p. 272.

Under these circumstances, it is undoubtedly of great importance, both for releaving the anxiety of the patient, who under the impression of the complaint being aneurism, conceives that he is treading on the boundary of his existence; and for the credit of the Profession, to form a correct diagnosis of this pulsation, that it may not be confounded with that occasioned by an aneurism of the aorta in the epigastric region. The means by which this point may, in most instances, be determined, are thus stated by the Doctor:—

"When the boundaries af the artery can be felt distinctly, and the artery can be distinguished to be of the usual size, it is clear that, notwithstanding the force of the pulsation, the disease is not aneurism. When a round circumscribed tumor pulsates against the fingers applied to the epigastric region, there can be little doubt that the disease is aneurism either of the aorta or of the cœliac artery. When the pulsation has continued for several years, without the health being materially impaired, even if the boundary of the artery should not be distinctly felt, yet there is the strongest reason to believe that the pulsation of the artery does not depend upon an aneurismal swelling in it."—p. 276.

Improving the digestion, lessening the irritability of the constitution, and calming the anxiety of the patient's mind, are mentioned as the means most likely to relieve or cure this complaint. If, however, as we are disposed to believe, this pulsation is often a symptom of more deep-seated mischief, not indeed of the artery itself, but of the neighbouring viscera, our practice must be determined by the opinion we can form of the state of the organ primarily affected; and in relieving that, we cure the pulsation.

Another instance of an uncommon pulsation of the aorta, not depending on any diseased structure of the artery, is also noticed in the present volume, in the history of "*A singular Case of* Stricture *and* Thickening *of the* Ileum, by Dr. Chas. Combe*." The pulsation had existed for several years: and

---

* *Communicated by Dr. Saunders.*

"was not only perceptible to himself (the patient) internally, but even by the hand applied externally, upon the umbilical region."—p. 17. The other symptoms of the case were great costivenes, extreme emaciation, and intense pain after eating, even when the food was only jelly, broth, or milk, taken in very small quantities. The stools when natural, were such as to have afforded some idea of the state of the intestines during the life of the patient. They were "passed in very small indurated lumps, either separate or attached together, bearing some resemblance to sheep's dung." Dissection discovered "the lower part of the ileum as far as the colon contracted for the space of three feet, to the size of a turkey's quill."—p. 18. There were contractions also of the colon, which had fallen down and lay irregularly on the small intestines. "The aorta was in a perfectly natural state."—p. 19.

Dr. Combe supposes that, in this case, the general marasmus depended on the absorbent power of the lacteals being totally destroyed in the constricted part of the ileum, owing to the thickening of its coats. But, although we allow that the obstructions of the lacteals, which are very numerous about the ileum, would in a great degree produce the marasmus, yet we conceive something to be due to the irritation and fever, which continued to harass the patient during the whole course of the disease, the pulse having "generally beat between 90 and 100 in a minute."—p. 16.

No mention is made of the treatment adopted in this case; a circumstance, which we conceive to be a great defect in the history of any disease: as a knowledge even of the remedies that have been unsuccessfully employed, may prevent a great waste of time, and much useless experiment, in future cases of a similar nature.

The first of five papers communicated by Doctor Latham, contains the result of six cases of Tetanus treated on what the learned President is pleased to term "the relaxant plan, or by relaxant and sedative powers." We confess that we are a little puzzled to form an accurate conception of the meaning intended to be conveyed by these terms, as far as any new principle of treatment is implied. The treatment of Tetanus from the earliest period to the present time, has been guided by the intention of relaxing the spastic contractions, which constitute the disease, and allaying the pains with which these are accompanied; or on the *relaxant* and *sedative* plan. With this object in view, the ancients prescribed their inunctions and fomentations; and even antispasmodics, internally, according to Celsus. "Utique, autem," says he, "recte datur castoreum, et cum hoc piper, vel laser*." And with the same intention, the moderns

* De Medicina, lib. iv. iii.

have tried baths of soup, and of broth, the vapour and common warm bath; the effusion of cold water; opiate and alkaline frictions; with the internal exhibition of the most formidable doses of opium, musk, camphor, wine, and purgatives: while each, in their turn, have been productive of some success, and all of much disappointment.

In the present paper, three of the cases were treated with antimonials and opium. One of them terminated successfully; but the case is so carelessly detailed, that, although we are informed, "the powder and the opium were given alternately," yet the quantities are not named; nor are their sensible effects, nor any of the circumstances connected with the progress of the case even generally noticed. The three other cases were treated with the compound powder of Ipecacuanha; and are more fully detailed, particularly the first, the account of which was taken by Dr. Gower, who was then a pupil at St. Bartholomew's Hospital. The patient was "a middle-sized, strong-built man, aged twenty-five," in whom all the symptoms of the disease were strongly marked. Ten grains of the powder were given, at first, every four hours with ol: Ricini occasionally; and afterwards, on the spasms encreasing, every three hours.

The success of all the cases treated with the Pulvis Ipecacuanha compositus, is indeed very striking; but we cannot avoid thinking, that too little has been attributed to the attention which was given to the state of the bowels; and we are the more surprized at it, after reading the following observation of Dr. Gower in his account of the first case.

> "A regular amendment continued till the 12th of November, when the pains under the sternum returned, the affected limb became spasmodic, with twitchings in various parts of his body, and profuse sweats. The unfavourable symptoms were supposed to have arisen from his imprudent omission of the Oleum Ricini, for they were much alleviated by a proper evacuation of the bowels." p. 31.

Notwithstanding this judicious remark, we find the following sentence in the statement of the last case. "I purposely omit in my account of this case many circumstances, such as the regulating his bowels by clysters or by castor oil." p. 41. Now, for our parts, we regard these circumstances to have been of the first importance; and although we would not with Dr. Hamilton* and Dr. Briggs†, trust the cure of a case of Tetanus to purgatives alone, yet we are convinced that too little attention has been given to the state of the bowels in this formidable complaint. In a disease, the pathology of which is so

---

* *Observations on Purgative Medicines*, p. 119.

† *Edin. Med. and Surg. Journ.* vol. , p. 149.

obscure, we are certainly authorized in reasoning from analogy; and, looking for similar indications to direct our practice in cases of Tetanus traumaticus, as in the idiopathic examples of the disease. In Trismus nascentium, and many cases of symptomatic Tetanus, not connected with wounds, it is well known that the seat of the morbid irritation is in the bowels*; and that by freely evacuating these, the spasms are brought more under the controul of opium, and the other remedies employed.

We have thought it our duty to make these observations on this paper; but nevertheless we are ready to give the Doctor every merit for suggesting the trial of a new remedy; and, with him, indulge a hope that the aphorism, "which pronounces that *spasm in consequence of a wound is fatal*," may not be (always) admitted as incontrovertibly true."—p. 46.

There is a sequel to this paper, drawing a comparison between Hydrophobia and Tetanus; and recommending the trial of the Pulvis Ipecacuanha compositus, also the Eau Medicinale d'Husson, and Vinum Veratri, in Hydrophobia!—but we notice it, merely to combat what we regard to be a very dangerous opinion, coming from authority, with regard to the propriety of deferring the extirpation of a part bitten by an animal supposed to be rabid.

"The animal," says Dr. Latham, "if actually rabid, lives but a few days; and therefore, in doubtful cases, it is proper to wait for its death, and its subsequent examination, before the sur-

---

* The influence of improper ingesta in producing Trismus nascentium is well illustrated by the observations of Dr. Holland on the diseases of Iceland. In the group of islands called Westmaun-Cyar, situated on the southern coast of Iceland, almost every child that is born there is cut off by this disease. These islands consist of lava; the inhabitants are remarkably indolent; and their food is chiefly salted *fulmars* and *puffins*, (Procellaria glacialis, and Alca artica. *Lin.*) They have no vegetable food. The disease is named in Iceland GINKLOFFE; and appears to arise from the effect of bad food on the constitution of the mother, and "the "practice of giving to the infant a strong and oily animal food "almost immediately after birth."

"Table of the deaths in the above islands in twenty years, and the days on which death happened.

Children.		*Days.*	*Children.*		*Days.*	*Children.*		*Days.*
1	lived	2	75	lived	7	1	lived	11
3	——	3	16	——	8	1	——	12
14	——	4	18	——	9	1	——	13
16	——	5	10	——	10	5	——	14
22	——	6	2	——	11	1	——	21

Vide Sir George Mackenzie's Travels, 4to. Appendix, p. 413.

geon determines upon any painful operation: for if the stomach of the animal be found to contain matters not usually found there, such as straw, paper, bits of wood, hair, earth, &c. there can be but little doubt that the dog died mad; and if, superadded to this, appearances of inflammation, with livid and mortified spots should be observed, the question must be considered as decided, and the surgeon should proceed immediately with his operation."—p. 177.

We are ignorant that it has, yet, been determined, that no inoculation takes place from the bite of a rabid animal; and until this question be settled, we trust no practitioner will ever hesitate to extirpate the bitten part as soon as possible after the wound has been inflicted. If any morbid matter be introduced into the system by the bite, we would ask what is to lull the absorbents to inactivity, whilst the surgeon is waiting for the death of the dog, in order to ascertain its madness?

Another case of tetanus, arising from a wound, in which the effusion of cold water was successfully employed," by Dr. George Gilbert Currey, is also given in this volume. The effusion was used fifty-six times, for twelve successive days; but, during the whole of that time, and for a day longer, thirty drops of the tincture of opium were given every four hours. His bowels required the frequent use of injections and laxative medicines till the 24th, seventeen days after the cold effusion was discontinued.

The next of Dr. Latham's papers contains remarks on some abdominal tumours, "which have occasionally been mistaken for diseases of the liver." Scirrhous pancreas, and the enlargement of the right ovarium, are supposed to be the diseased affections, which are most likely to lead to such an erroneous diagnosis. We can easily allow the probability of such a mistake occurring, when the pancreas is enlarged or scirrhous; the more particularly, as by its pressure on the biliary ducts, it is often the cause of permanent jaundice; but although we have known an instance of dropsy of the right ovarium having been mistaken for an enlargement of the liver, yet, in our opinion, such a mistake, to say the least of it, displays extreme carelessness on the part of the practitioner. In the early stages of the two diseases, the diagnostic symptoms are so clear as scarcely to admit of their being confounded; and where any doubt exists, "an examination," as the Doctor himself admits," will usually put the matter beyond all doubt:"—"*below*, the enlarged viscus must be the ovarium, *above* it will be the liver." p. 52. In the advanced stages also of Ovarian dropsy, when the enlargement is so great as to occasion difficulty of breathing, and to admit of relief being afforded by the operation of *paracentesis*, the disease is more likely to be mistaken for ascites, than an enlarged liver.

There is another paper by the same author on "Abdominal Tumor, originating in lumbar abscess," regarding which, we can only express our surprise, that the learned president should have thought it of sufficient importance to publish his opinions on a subject, with respect to which his opportunities of observation must, necessarily, be extremely limited; and which lies so decidedly within the province of surgery.

The fifth of Dr. Latham's communications contains "*Observations on certain symptoms, usually, but not always, denoting* Angina Pectoris." The symptoms principally referred to are, difficult respiration, partially relieved by the upright position of the body, accompanied with a pulse unusually slow, or unusually rapid, unequal, irregular, or intermittent; and cold extremities, with the countenance of a bluish or purplish colour.

The object of this paper is to prove, that these symptoms do not always depend upon organic disease in the thorax; and certainly it is one of great importance; but we are of opinion that unless diagnostic marks, such as to enable us to ascertain with certainty whether the thorax be the seat of the disease, or whether the symptoms arise from indurated liver, or other morbid abdominal tumours, can be settled, very little is accomplished. The following are those pointed out by the Doctor:

"If," says he, "with the above-mentioned state of respiration, the pulse does not beat with intermissions, and the several strokes are not unequal in force, although the pulsations may be preternaturally slow, or, on the contrary, more than usually quick, I know from actual examination after death, under these circumstances, that there *sometimes* is not any organic disease in the thorax." p. 281.

"If respiration be uneasy, and the patient, at first experiencing difficulty in lying down, shall in a little while so adjust his position as to sleep comfortably, I believe there cannot be any organic mischief in the thorax, although possibly there may be effusion."

"If the patient cannot sleep in a recumbent posture, or when asleep, if, sliding down gradually into [in] his bed, he is suddenly awaked with a sense of spasmodic stricture and strangulation, provided there hath not been previously observed an irregular and an intermittent pulse, I should suspect effusion within the chest, rather than any disease of structure."—p. 282.

In confirmation of these remarks, two cases are detailed, in which there were apparent symptoms of Angina Pectoris, arising from enlarged liver, impeding the thoracic circulation; but which, although the symptoms disappeared for a time, after a mercurial course carried to the extent of producing slight Ptyalism, yet soon terminated suddenly in death. Dissections confirmed the opinion that the liver was in fault; but discovered no organic disease of the heart, or the larger vessels.

In the second of these cases, the state of the pulse was remarkable. It is thus described.

"His pulse, when he considered himself well, seldom exceeded thirty-two beats in a minute; but in his paroxysms of disease, if the application of such a term is allowable, the number was usually twenty-two; and once I counted only seventeen strokes. The pulsations might be considered as so many heavy undulations, affording, as it were, a chasm in space as well as time between each; and during which interval the muscles of the thorax were so visibly affected as to remain in a state of tremulous or vibratory motion; which gradually diminished until the next wave or swell was succeeded by another similar vibration.—p. 291.

Dr. Heberden has furnished three papers to the volume before us. The first of which describes a singular variety of *Nyctalopia*, apparently brought on by exposure to an unusual glare of light. As the evening advanced, every object seemed tinged with red; but, although this visual deception "lasted the whole night," yet, "the next morning, her (the patient's) sight was perfectly restored." The disease continued for six weeks; "and then of its own accord ceased suddenly and entirely." Dr. Heberden ascribes the night blindness to the nerve being "so numbed by the vivid rays of the sun, as to be rendered insensible to the impressions of a feebler light."—p. 60; but no explanation of the singular variety described in this paper is attempted.

His second paper contains "*some Observations on the Scurvy.*" Etmuller, Sydenham, Willis, Charleton, Hodges, and Musgrave, are quoted in proof of the real existence of this disease formerly as an endemic of this country: and, agreeing with their accounts, the first twenty bills of mortality, "that is, from 1657 to 1677, give an average of sixty deaths every year under this head." The improvement in the condition of London and the other great towns, as to the width of the streets and the construction of sewers; ventilation, cleanliness, the more frequent use of fresh provisions; and, in the country, the draining of marshes, the cultivation of wastes, and the enlargement of the farm-houses and cottages, are, properly, regarded as the causes of the present rare appearance of this disease.

Three cases, supposed to have been Scurvy, are described as having been under the immediate care of Dr. Heberden, in St. George's Hospital; and several of a similar nature are stated to have occurred nearly about the same time in the other London hospitals. The first patient was admitted under the influence of the disease; the other two, apparently, contracted it by long confinement in the wards of the hospital. The prevailing symptoms of all the cases were, unusual lassitude and shortness of breath upon motion, local pains of the extremities, the gums spongy and bleeding "on the slightest touch," and livid spots on the thighs and legs, "which upon examination were found to arise

from an effusion of blood under the skin." The pulse was from 70 to 90: the appetite not much impaired. The remote causes of these cases, were evidently confinement in close and crowded situations: The habits of the first patient, who was a tailor, were necessarily sedentary; while those of the other two were equally so from the circumstances of their confinement in the hospital. All the cases were treated with the bark and acids, and a liberal allowance of oranges; and all recovered.

Notwithstanding the similarity of some of the leading symptoms of the above cases, and those of real scurvy, we are disposed to regard them rather as instances of the Purpura *Hæmorrhagica* of Willan* than of Scorbutus as described by Lind, Boerhaave†, Clark, Blane, and other authors, who have written on thediseases of seamen. Real *Scurvy*, whether occurring at sea or on shore, always owes its origin to the long continued use of dried, salted, and nearly putrescent food capable of affording very little nourishment, and consequently producing a diseased state of both the solids and fluids. In the persons who were treated by Dr. Heberden, there was neither much deficiency of quantity, nor was the food of a description likely to occasion *Scurvy*. The breakfast of the first was tea, bread and butter; that of the second and third, bread and cheese and porter; the dinners fresh meat and bread, with potatoes occasionally, and porter; and the suppers, water gruel, or bread and cheese and porter. With such a diet we doubt whether *Scurvy* ever appeared; but there have been instances of the Purpura *Hæmorrhagica* occurring in persons enjoying all the comforts of life, and even good air and exercise.

The third paper of Dr. Heberden, "*On the Mortality of* "*London*," does not readily admit of analysis. His calculations are deduced from the Bills of Mortality, a source as he admits certainly not free from error; but sufficiently accurate for a simple comparative statement of numbers. From the result of Dr. Price's calculations in 1768, it appeared "that not less than a twenty-first part of the whole inhabitants of the metropolis died every year," which, according to the census of 1801, within the Bills of Mortality, should make the annual deaths at present amount to 35,476: but from Dr. Heberden's calculations, on Dr. Price's principles, the true number of annual deaths is 25,000 only, a proportion to 745,000, the whole number of the inhabitants, little exceeding one to thirty. A table is affixed to this paper, "shewing the mean numbers dying in every thousand," at different ages, during eleven periods of five years each, from 1758 to 1808.

---

* See *Description and Treatment of Cutaneous Diseases, Ord. III. Part II.* and Bateman's *Practical Synopsis, p.* 104.

† Aphorisms, 1150, 1151.

With the above may be classed a paper by Dr. Powell, entitled "*Observations upon the comparative Prevalence of Insanity "at different Periods.*" The inferences contained in this paper are drawn from "the registers kept according to the directions of the act of Parliament for regulating mad houses (14 Geo. III, cap. 49.) It appears from these, that although insanity is considerably on the increase; yet, that it is by no means a disease of very common occurrence; the aggregate number of the insane in the year 1800, being, according to the Doctor's calculation, when contrasted with the census of England for that year, about the ratio of 1 to 7,300." (p. 140.) These documents however, like the bills of mortality, are liable to numerous errors, which are pointed out by Dr. Powell, who, nevertheless conceives, and we are disposed to agree him, that the tables, which he has constructed upon the register, afford pretty nearly as accurate and general an estimate of the relative prevalence of insanity during the period they include, as (all circumstances weighed) the case will admit." p. 152. The tables consist of one numerical table, shewing the number of lunatics returned under the act, and entered in the Registers from 1775 to 1809: and two very neat coloured charts; the first "to demonstrate at one view the relative proportions of each "successive year," and the second, these of seven quinquennial periods, so as to give a general view of the comparative prevalence of insanity. We will extract the aggregate of each lustrum: and, to those who are curious on this subject, recommend not only the examination of the tables themselves; but the perusal of the entire paper.

Year.	London Number.	Country No.	Aggre. of each Lustre.	Year.	London Number.	Country No.	Aggre. of each Lustre.	Year.	London Number.	Country No.	Aggre. of each Lustre.
1775 to 1779	1194	589	1783	1785 to 1789	1365	527	1892	1795 to 1799	1622	620	2242
1780 to 1784	1357	536	1893	1790 to 1794	1573	719	2292	1800 to 1804	1835	628	2463
								1805 to 1809	1502	769	2271

There is another paper by Dr. Powell, "*On the internal use of* Nitrate of Silver, *in certain convulsive affections.*" The practise of giving this powerful remedy, internally, is stated, on the authority of Alston and Gmelin, to have been introduced by "Angelus Sala, a chemical Physician, who wrote at "the commencement of the 17th century." Sala, Geoffroy, and Boyle, by whom it was also recommended, regarded it as a

Cathartic and Hydragogue; but, by modern practitioners, it has been prescribed chiefly for its tonic effects. Four cases are described in this paper, in proof of its efficacy; one, in which there was a permanent contraction of the flexor muscles of the right arm, without any general constitutional derangement; and three of Chorea. With regard to the latter disease, our experience leads us to agree with Dr. Powell, that the purgative plan, as recommended by Dr. Hamilton, "has not been generally successful," in the metropolis; and "that patients sometimes get worse under its employment;" at the same time we must remark, that the prior use of purgatives, evidently increases the power of tonics subsequently given; and all the patients, whose cases are described in this paper, were first well purged, before using the nitrate.

The remedy, except in the first case, was exhibited in solution, "in Aqua Menthæ viridis, which seemed best to cover its unpleasant taste;" and was carried to the extent of four grains every four hours.

"What is its modus operandi," says the Doctor, "what chemical change may be produced in the stomach upon a salt (so easily decomposed), and whether the muriat of silver would produce similar effects with less hazard, it is not my present purpose to enquire." (p. 101.)

We, certainly, regard it as a medicine of very considerable power, and deserving the attention of practitioners.

"*Some Observations* on Phthisis Pulmonalis," constitute the subject of a paper by Dr. Roberts. It contains several judicious remarks on the symptoms, and treatment of the disease; but the only circumstance particularly worthy of notice in it, is the following list of metallic substances which were severally tried, after the usual remedies had been found inefficacious. Nitrate of Silver; superacetate of lead combined with opium; sulphate, and oxide of zinc, "and the precipitate from the sulphate by potash, combined with myrrh;" arseniate of potass; the white oxide of manganese "in the dose of ten grains every six hours; and the black oxide of cobalt, in the dose of from one grain to four."

"Ammoniated copper, muriate of barytes, the nitric and phosphoric acids; the vegetable narcotics, aconite, hyosciamus, stramonium, belladonna, as well as toxicodendron, were, also, administered without success." (p. 120.) There is a supplement to this paper detailing the symptoms, and dissection of a case of Phthisis Trachealis.

The next paper we have to notice is a description of "*Two Cases of* Diabetes Mellitus, *treated with Opium*," by Dr. Pelham Warren. It is a purely practical paper, containing no theoretical reasonings in the causes or the symptoms of the disease;

nor giving any reasons for the employment of opium as a remedy; but (appended) are some judicious observations on the effects of this remedy, in restraining the morbid and inordinate secretion of the kidnies, One remarkable symptom of the first of these cases, was "a dark cherry red colour of the glans penis, which varied with the quantity of water that he (the patient) made, the part resuming the natural colour in proportion to the diminution of urine." (p. 191.) This appearance was not remarked in the second case.

In the first case the opium was given, at first combined with ipecacuanha, in the form of the compound powder of ipecacuanha; and afterwards, with kino; but in the second case it was given by itself. Both the patients were confined, for the greater part of the time they were under cure, to an animal diet; and Dr. Warren conceives this regimen to be a powerful auxiliary in the treatment of Diabetes, but not absolutely requisite; and ascribes his success altogether to the opium. He particularly observes, that—

"During the whole of the treatment, the discharge of urine was diminished or increased in proportion to the augmentation or diminution of the quanlity of opium; that at the dose of six grains administered twice a day, the urine ceased to be sweet; that the sweetness returned on the reduction of the dose; and was again removed by raising the dose of opium to six grains. It is farther to be remarked, that at this dose the urine continued to diminish, to remain without sweetness, and gradually to recover a natural character, although the animal diet was suspended, and that the degree of sweetness which began again to be perceptible in the urine, after the opium had been for some time omitted, was immediately removed, without the assistance of animal diet, by a doze of opium comparatively trifling."—p. 213.

The sensible effects of the opium, besides the diminution of the urine, was drowsiness, giddiness, and perspiration; and the bowels became relaxed, and remained soluble, as long as the opium was administered at its greatest dose. The maximum dose in the one case was twelve grains, and in the other twenty grains in twenty-four hours. Both the patients were bled, but not to an extent sufficient to show whether it would have been useful or detrimental if it had been followed up; but we could not avoid remarking, that on the second bleeding of the second patient, which was performed when the urine was one-fifth less in quantity than the fluid drunk, the blood proved buffy. We do not mean to advocate the cause of venesection in Diabetes; but, on the contrary, avow ourselves willing rather to rank as disciples of Dr. Warren than of Dr. Watt in the treatment of this formidable disease.

An appendix is subjoined, containing the dissection of one

of the patients, who died, after he was cured of Diabetes, in consequence of a pulmonary affection. The kidnies "were of an unusually firm and grizly texture;" the cellular membrane was loaded with serum, "and portions of lymph were diffused through it;" while the cryptæ and the blood vessels of the cortical substance displayed marks of having been much over-charged during the life of the patient.

A second paper, by Dr. Warren, treats "*of* Head-achs, *which arise from a defective action of the digestive organs;*" and is, unquestionably, the most valuable in the volume. It has been said, "virum medicum meliùs publicæ saluti consulturum, si ad eos tantummodo morbos sanandos se accingeret, quos ipse jam fuisset perpessus;" and to this advice having been followed in the present instance, we are disposed to ascribe the excellency of the paper now under consideration, which we have been informed contains the learned author's own case. We regret that our limits prevent us from giving as full an analysis of it as it deserves; and we can only recommend the perusal of the original to every practitioner, as a model of acute observation, correct discrimination, and perspicuous description; and a striking example of the certainty with which the minute investigation of causes lead to a rational and salutary practice.

"The symptoms of these head-achs vary" in different individuals; but, in general, restlessness, succeeded by uneasiness of the head, and diminished corporeal and mental energy precede "a pain or dull aching of the head, attended with a sensation of coldness and tightness of the scalp, slight giddiness, weight, pain, and distension and stiffness of the eye-balls." Sometimes, as these symptoms increase, there is a temporary tingling and numbness of the fingers and hand, that ceases when it extends to the wrist; but leaves a stiffness, "which not entirely ceases until the head-ach has been relieved by art, or has finished its natural course." During the 'paroxysm' the hands are cold and damp, and the 'pulse languid,' but otherwise natural. Occasionally a mistiness, and various derangement of vision occurs, with "the sudden appearance of colours and luminous forms," which assume a great variety of aspect. The tongue is "usually covered with a yellowish white fur; the pulse is of natural frequency, but languid:" and nausea is often present, with flatulence, and inactive bowels, although the appetite is not much impaired. Little can be deduced from the state of the alvine discharges, except that, "when there has been great dejection of spirits, the stools are loose, of a dark greenish brownish colour, in smell resembling the grounds of small beer." When these symptoms prevail, "the functions of the liver, stomach, and bowels, will be found inactive or improperly exercised."—p. 139.

In another species of these head-achs, depending solely on a faulty action of the stomach, besides the above symptoms there is "a sensation of constriction of the fauces, and a watery secretion from the posterior part of the mouth?"

Dr. Warren next points out the diagnostic symptoms which distinguish head-achs arising from congestion and internal disorganization of the brain; those caused by chronic diseases of the bones of the skull; and the true nervous head-ach, from those arising from defective digestion. One of the species which he describes, he attributes to a defective action of the upper bowels; another to a fault of the stomach: and, from sympathy between the stomach and brain, they are seen excited by acid in the stomach, and some particular kinds of food, when a morbid susceptibility, or an unhealthy disposition of the digestive organs has taken place, and become established. The particular symptoms resulting from acid, whether received into the stomach, or generated in it; and from the reception of various improper ingesta into that organ, are fully detailed. In the second species,

"The offending cause operates upon a very limited portion of the intestinal canal; for these head-achs are always relieved, as soon as the upper part of the intestines is put in motion by an active purge, and are often completely carried off by it before any evacuation of the bowels has taken place."—p. 249.

As we cannot follow our author through the whole of his reasonings, we extract the following paragraph, which contains his opinion of the distinct origin of these two species of head-achs.

"Upon the whole, that form of head-ach which is attended more with confusion than pain, and in which there is a temporary dimness of sight, appears to depend chiefly upon a defective action or secretion of the stomach; the other, which is the most prevalent form, more particularly upon inactivity of the upper bowels, from whatever cause it may be produced, and an imperfection of that part of the process of digestion in which the bile is concerned; but in the majority of instances, the whole of the digestive functions appear to be more or less implicated."—p. 251.

For relieving head-achs of the first description, a purgative just sufficient to prevent the stomach from retaining indigested ingesta should be administered daily, at the time when the most inconvenience is experienced in the stomach; and small doses of opium or other narcotics, mixed with a full dose of Liq. Potassæ, or Magnesia, if acid be present, should then be given, so as to retain the stomach "gently under their influence; without arresting the action of the bowels." Mineral acids, spices, ammoniacum, sagapenum, myrrh, assafœtida, and similar stimulants, are regarded, by Dr. Warren, to be preferable to tonics for restoring the impaired digestion.

The treatment of the second description of head-achs consists in the early exhibition of purgatives, but they must not be carried farther than is necessary for the removal of the offending cause. The nature of the purgative is immaterial, provided it act expeditiously: but, on this account, Calomel is regarded as objectionable. Cordials, as a glass of brandy or wine, "and a "full meal of spiced food, often afford relief;" but, it is a mere truce, the headach returning afterwards with increased violence. Emetics are regarded as of little use, unless the stomach be loaded with acid; but, even in this case, they are of temporary benefit only, and their repetition is hurtful. With the view of preventing the recurrence of the disorder, some excellent rules are given, for the regulation of diet, exercise, and cloathing. When the headachs denote all the digestive functions to be in fault, both methods of cure must be combined, "according to "the peculiarity of the case."

Of the remaining papers of the volume we can give little more than the titles. They are,

A case of Superfœtation, *communicated by* Dr. Maton; but the authority on which it rests, cannot, in our opinion, be regarded as legitimate, in a medical point of view.

Case by Mr. Blagden, *Surgeon at Petworth, communicated by* Dr. Saunders, in which a gall stone, weighing 540 grains, and seven other pieces weighing together fifty-one grains, protruded through an abscess of the side. The most remarkable circumstance attending the case was the total absence of jaundice. A well executed coloured plate accompanies this paper.

Case of Inflammation, *and* subsequent mortification, *of the adipose membrane surrounding both kidnies; with the appearance on dissection*, by Dr. Thomas Turner. The progress of this complaint was uncommonly rapid; but, during its continuance, there was a full secretion of urine, and the inflammatory symptoms were very slight. The gangrenous adipose membrane exhibited a large mass of black pulpy matter.

On the Discrimination of Chronic Rheumatism, *from Gout, Acute Rheumatism, Scrophula, Nodosity, White Swelling, and other painful diseases of the Joints and Muscles. By* John Haygarth, M. D. &c. *communicated by Sir* Lucas Pepys, *Bart.* This paper contains some observations, with which our experience does not accord; but, as we cannot analyse it, we will refrain from noticing them.

On the Climacteric Disease. *By Sir* H. Halford, Bart. This is a singular paper; but perhaps our surprise may originate from our not exactly comprehending the meaning of the learned author. Although, we believe that causes of feverish excitement; a common cold, an act of intemperance, a fall, or any circumstance, whether corporeal or mental, which can ope-

rate in exhausting the strength, will produce a state of disease more readily at that age, which is generally denominated the climacteric, yet we do not believe that any particular disease, which may be termed climacteric, then occurs, different from that which the same exciting causes would produce at any other period of adult age.

A Case of Intestinal Protrusion per Anum. *Communicated by* Henry Dampier, *Esq. Barrister at Law; to* J. Latham, M.D. *and by him to the College.* The intestines were forced out by a cart falling on the body of the patient; and as they could not be reduced, Mr. Needham, of North Walsham, who attended him, cut off the protruded part, which had mortified on the third day, close to the anus; and recovery succeeded.

Case of Hydrophobia, *by* Dr. Satterley. A well described case, which terminated fatally.

The volume concludes with the Report of the College on Vaccination: but as it has already been before the public, we will here close our analysis. We have noticed several inaccuracies, and inelegancies of composition, on which, however, we forbear from any comment, as our business is rather with the matter of the work; only observing that the following typographical mistakes should have been added to the errata:—p. 39, l. 9. *for* serve *read* save; p. 130, l. 7, *for* Toxicondendron *read* Toxicodendron.

Upon the whole, when we consider the character of the learned body which has sent forth this volume, the acknowledged medical lore of the individuals composing it, and the high and deserved reputation which the majority of them has attained as practitioners; we are of opinion that the Public will consider they had reason to expect something better as the result of their united labours. Could we, with propriety, counsel, it would be, that in selecting the papers for the next and future volumes, the College should bear in mind the advice of Horace, which is applicable to more things than poetry:

"Nec Deus intersit, nisi dignus vindice nodus
"Inciderit"————————*

---

* *Ars. Poet. v.* 191.

PART V.

MEDICAL AND PHYSICAL INTELLIGENCE.

Royal Society.—At its meeting on the 4th of November, an account of a most ingenious contrivance by Dr. Wollaston, *a Sliding Scale of Chemical Equivalents*, was read. Distinguished by that acumen in natural science, which so strongly characterizes Dr. Wollastan, this invention promises to be strikingly useful to those who are practically employed in chemical pursuits. This scale is divided in a manner similar to that of Gunter, and by moving the slider, various affinities and combinations are ascertained. The next volume of Phil. Trans. the first part of which is usually published in the spring, will probably give a full description, with plates, of this invention. On the 11th of November part of the Croonian Lecture on *the Influence of the Nervous System on Muscular Motion*, by Mr. Brodie, was read. A short historical account of the facts and opinions of former physiologists makes the preparatory portion of this Lecture; from which the author proceeds to the relation of experiments instituted by himself, still further to advance this obscure but interesting subject. These experiments shewed that after the destruction of the lower part of the medulla spinalis of a dog, the arterial blood of a horse injected into the lower extremities of the animal, after circulating through the limbs, came out at the mouths of the veins dark coloured. He found that the lower extremities of a frog, after the destruction of the spinal marrow, though deprived of voluntary motion, contracted on the application of stimuli, and by galvanism the heart of a rabbit continued to beat with its usual regularity for some time after the blood vessels had been emptied; but that the action of the heart was destroyed when the animal was strangled, shewing that the *stimulus of the blood is not the exciting cause of the heart's motion*. On the 18th of November the remainder of Mr. Brodie's paper was read; which concluded with inferences from the previously detailed experiments.

Linnean Society.—Resumed its meetings on the 2d of November; when a specimen of the Convolvulus Jalappi, raised in a stove in England, was shewn by A. B. Lambert, V. P. A paper by Benj. J. Barton was read, describing a new species of Syren (*Syren Strinta*), found in Georgia.—A description of some plants growing on Mount Caucasus, by Mr. Stephen.—A paper by Dr. Leach,

giving a corrected character of the genus *Melöe*, and describing six exotic species of that genus. The next meeting of the society on the 16th, Dr. Leach's paper was concluded, and the reading of a paper by the Rev. P. Keith was commenced on the upward direction which the *plumula*, and the downward which the *radicle* always takes, in whatever position the seed may be placed in the earth. A press of temporary matter prevents our proceeding to the subsequent meetings of these societies; they will be resumed in our next, and continued in a regular series.

Mr. Brookes' Museum.—We have the satisfaction to announce, as the most interesting professional occurrence of the present season, the opening of the invaluable *Museum* of this excellent anatomist. We understand that not only the Medical Faculty have received a general invitation to visit this Museum, but that the masters and students in the fine arts, with a peculiar liberality, (signified to them by Mr. Carlisle, Professor of Anatomy to the Royal Academy, at his public lecture at Somerset House), have been invited to inspect, and permitted to study, the numerous skeletons, &c. contained in its ample collection. We regret exceedingly that our limits will not allow us, at present, to go into some detail of the coup d'œil of the elegant interior of this unique structure, or to describe some of the rare specimens of natural formation, or of morbid change, deposited within its walls. But our readers may rest assured that our next number, for February, will go very fully into a description of the building, and of its most valuable contents, both as regards arrangement and specific character.

Theatre of Anatomy, Blenheim Street, Great Marlborough Street.—The spring course of lectures on anatomy, physiology, and surgery, will be commenced on Monday the 25th of January, at two o'clock, by Mr. Brookes.

New Operations for Cataract.—An experiment of the most important kind has been recently tried upon the pensioners of Greenwich Hospital, by direction of the honourable governors of that institution, with a view to ascertain the comparative success of different operations for cataract. The operation of *extraction* had, it appears, been performed upon the blind pensioners, for the last twenty years, by the celebrated oculists, the late Mr. *Wathen*, and his successor Mr. *Phipps*, but not, it is understood, with very satisfactory terminations. The governors having now appointed Mr. *Adams*, occulist to the Hospital; that gentleman has performed a series of novel operations for Cataract, upon a large number of patients with singular success. We have not been informed of the peculiarities in Mr. Adams' operations, nor accurately ascertained the comparative results of the *old* and *new* practice; but we have learned that those results are decidedly in favour of t[he] latter. The interest excited by the reported success of Mr. Adam[s] will induce us to employ every means for ascertaining the fact, an[d] for elucidating the principle and manuel of his method, both of whic[h]

from the immense extent of practice afforded to him by the appointment of oculist to Greenwich Hospital, as well as from the ingenuity, science, and close observation of nature manifested in his work on Diseases of the Eye, we cannot doubt will fully meet public expectation. From the exertions making by regularly educated practitioners, and particularly by Mr. Adams, rapid improvements may be anticipated in a department of the profession, which, until taken up by the late Mr. Saunders, had remained stationary for the last thirty years.

Dr. Hooper and Dr. Ager give a full course of lectures and examinations on the theory and practice of physic, chemistry, and the materia medica at Dr. H.'s museum in Cork Street, Burlington Gardens.

The examinations are very complete, and materially tend to improve and confirm the pupils knowledge.

Particulars may be known by applying to Dr. Hooper, No. 21, Saville Row, or to Dr. Ager, 69, Margaret Street, Cavendish Square.

Middlesex Hospital.—Dr. Merriman, physician accoucheur to the above hospital, the Westminster General Dispensary, and the Parochial Infirmary of St. George, Hanover Square, will recommence his lectures on midwifery and the diseases of women and children, on Monday, January 24th, at half past ten o'clock.

Dr. Adams will commence his spring course of lectures on the institutes and practice of medicine early in February next.

Dr. Clarke and Mr. Clarke will begin their next course of lectures on midwifery and the diseases of women and children, on Monday, January the 24th, 1814.

Particulars may be known by applying to Dr. Clarke, No. 1 New Burlington Street, or to Mr. Clarke at the Lecture Room.

Dr. Clough, Physician-Accoucheur to the St. Mary-le-bone General Dispensary, and Endeavour Society, will commence his winter course of Lectures on the Science and Practice of Midwifery, including the Diseases of Women and Infants, as connected therewith, about the middle of January, 1814, at his house, 63, Berners-street.

Mr. Stephenson, Surgeon-Oculist and Aurist to Her Royal Highness the Princess of Wales, Member of the Royal College of Surgeons, &c. intends recommencing on the 26th inst. his annual course of Lectures on the Anatomy, Physiology, and Diseases of the Eye and Ear.

Further particulars may be had at his house, 105, Great Russel-street, Bloomsbury-square.

Dr. Carmichael Smyth has a Treatise on Hydrocephalus nearly ready for the press.

The following Works are preparing for Publication by Longman & Co.

Illustrations of the Huttonian Theory. By John Playfair. second edition.

Outlines of Natural History, Part II. By John Playfair. 8vo.

Travels in South America. By Messrs. Humboldt and Bonpland; translated from the French, under the superintendance of M. Humboldt, by Helen Maria Williams.

Medico-chirurgical Transactions.

A System of Surgery. By Joseph Russel, F. R. S. E.

A new edition of Mr. Jameson's System of Mineralogy.

The Morbid Anatomy of the Liver, Part II. By J. R. Farre, M. D.

Pathological Researches in Medicine and Surgery. By J. R. Farre, M. D.

Engravings from Specimens of Morbid Parts, preserved in Mr. Charles Bell's Museum, being Fasciculus 2nd.

Observations on the Diseases of Females, which are attended by Discharges. By Charles Mansfield Clarke.

Third edition of the London Pharmacopœia. By Dr. Powell.

Medical Transactions of the London College of Physicians. Vol. V.

Transactions of the Linnean Society of London. Vol. XII.

Facts and Observations relative to the Fever commonly called Puerperal. By J. Armstrong, M. D.

A Practical Essay on the Diseases of the Vessels of the Absorbent System. By W. Goodlad.

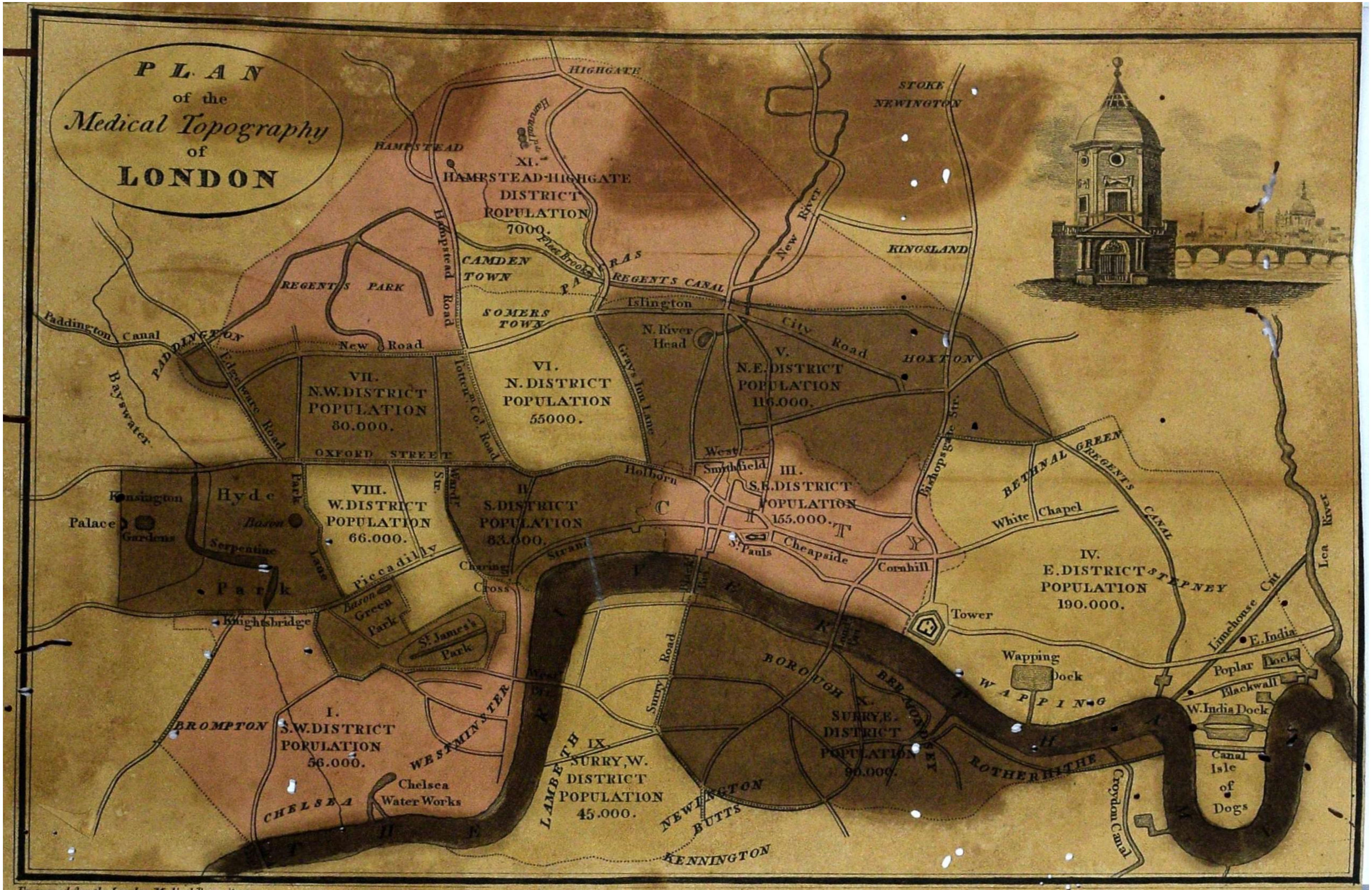
An Essay on the Prevention and Cure of Insanity. By George Nesse Hill.

Mr. J. Baynton of Bristol on a New and Successful Method of treating Diseases of the Spine.

Mr. Giesche will soon publish Mineralogical Discoveries during his Seven Years' Residence in Greenland.

MEDICAL TOPOGRAPHY AND DISEASES OF LONDON.
(WITH A PLATE.)

THE value of Accurate Registers of the Diseases of different parts of the globe, has always been acknowledged by the highest medical authorities. That such registers, when faithfully kept, are of the first importance to medical science, and afford the data, upon which estimates calculated for the welfare of society are to be formed, will be universally admitted. Beside the general principle which makes their value so conspicuous, there is often a secondary circumstance depending on some local peculiarity, which gives to such registers a specific and additional consideration. Of this local peculiarity, no place partakes to a greater degree than the British Metropolis. Extent, population, intercourse, combine to make the health of London a circumstance not of importance alone to the British empire, but of high interest to the people of many other countries. Impressed with these opinions, we have



Engraved for the London Medical Repository.

Published as the Act directs by Longman & Co. Paternoster Row.

essayed to arrange a plan and to establish a correspondence, with the expectation of more enlarged results, and more general and determinate conclusions, than have hitherto appeared in periodical works.

As the nature, character, and frequency of disease is strongly influenced by situation, much of our knowledge of the diversity so arising would be lost, if local peculiarities, which are supposed or believed to be the efficient causes of these morbid varieties, were left unexamined and undescribed. Hence there arises a sort of necessity for giving a brief topographical sketch of London and its environs generally, and particularly as divided into medical districts, preliminary to the execution of a *monthly Report* of *Diseases* of the metropolis, and circumstances connected with them, as their remote or proximate cause.

London—is situated in latitude 51° 31′ N. and in longitude 5′ 37″ W. of Greenwich, and properly contains what is denominated the *City* only; but taken in a general acceptation, it comprizes the city of Westminster, the Borough of Southwark, with many contiguous villages, with which it is now united; forming in the aggregate a mass that reaches from West to East eight miles, and from north to south, nearly five miles. Allowing for inequalities at the extremities, the circumference of London cannot be less than 30 miles. Hence it covers not less than 18 square miles, or 11,500 square acres; deducting the space occupied by the river Thames; which extends about seven miles by a quarter of a mile in width.

The larger portion of the town is placed on the north side of the river, on a hill which rises abruptly from its banks; and then gradually, though unequally, bends to the North-West; where it is most elevated. On the south side of the river stands that part called Southwark; which, including the parish of Christ Church, and part of Lambeth and Newington, occupies a space of three miles by one, of a perfect level.

London stretches along the north side of the Thames to the west; where, the river, quitting the base of the hill, turns to the south. Beyond this, its banks are lined with houses, till it flows through two ancient towns, Westminster and Lambeth. At low water, the Thames is about 12 feet deep. The tide flows 15 miles higher than London; and rises, at spring tides, from 12 to 14 feet. Above the town, the water is very pure; near, it is muddy; and contains a sufficient quantity of mucilaginous matter to become, if confined, highly putrescent. When the tide is at its height, at the lower part of the town, the presence of sea-salt is perceptible.

At Paddington, connected with the Grand Junction Canal, a new cut is commenced, called the Regent's Canal; which will take its course through the Regent's Park, eastward behind Camden Town, by Islington, Hoxton, and Bethnal Green; and thence bending southward by Stepney will unite, just above Poplar Cut, with the Thames at Limehouse. Thus the Metropolis will be nearly insulated.

Soil.—The soil on which the principal part of the town stands is mostly a mixture of clay and sand; the sand or gravel generally being in the largest proportion. In some places it is entirely of gravel.

Water.— London abounds in springs; the waters of which are often very pure; but some contain a small portion of sea-salt, and a larger of *Magnesia Sulphas;* sufficient in some places to act as a purgative. They also contain gas; sometimes in a quantity sufficient to give them briskness, and render their taste more agreeable. Rain water, being, from the soot and dirt on the roofs of houses, &c. loaded with impurities, is rarely used, except for the meanest domestic purposes.

But the inhabitants derive their chief supply of water from the Thames, and from various noble aqueducts which furnish an abundant supply from different and sometimes from distant sources. The specific gravity of the water thus supplied is nearly that of distilled; and it keeps sweet in cisterns for as many days as the inhabitants have occasion to preserve it. The water from the various reservoirs is conveyed under the streets into the houses, through pipes, formerly of wood, but now chiefly manufactured of cast iron.

Mineral Waters —The environs of London are rich in mineral springs; to which our progenitors appear very generally to have resorted as active and efficacious remedies. Those of Hampstead, and of Islington, called from its similarity to the Chalybeate spring of Tunbridge, the New Tunbridge Spa, rivalled those celebrated Wells, and the waters of Malvern. Those of Bagnigge Wells, as a purging chalybeate, superseded Cheltenham and Scarborough: while those of Pancras, almost adjoining Bagnigge, Shadwell, and the Dog and Duck, in St. George's Fields, as saline purgatives, boasted all the powers of Leamington, &c. Strertham, Dulwich, and Sydenham, four or five miles more to the south, possess springs of the same constituent properties, but in greater proportions.

But all these salubrious and long-esteemed springs are sunk into utter neglect and decay; and soon their reputation will exist but in topographical records. Even Tunbridge itself is in its wane. The valetudinary of the present day, the slave of fashion or caprice, estimates even that spot where he seeks renovated health only by its distance from the Metropolis, and its faithful imitation of its follies and its vices. The exhibition of the waters of Islington, Bagnigge, and Pancras, from our own experience, have been found extremely beneficial in the complaints of the poorer classes, who have not had the means of seeking similar waters in distant situations.

Pavement.—The whole of the town is well paved; and the streets are frequently cleansed.

Sewers.—What probably most contributes to its salubrity, are the capacious and well arranged subterraneous sewers, which convey from every part to the Thames, there being a natural descent, the filth and ordure of the town.

Climate.—The winds from S.W. to W.N.W. and from E. to N.E. prevail, with few variations, near ten months of the year. The westerly winds, crossing the great Atlantic ocean, are generally moist, and are most constant through February, September, November, and December. The easterly first sweeping the continent of Europe, are always dry, and usually cold. They prevail chiefly in January, March, and the beginning of April. The westerly winds are generally warm, except in November, when they verge to the north. From the force and effect of the north winds, London is in some measure protected by the range of hills on that side, on which are placed Hampstead and Highgate. To the west and east it is fully exposed, that being the course of the river; while the hills on the south are too low, or too distant, to interpose effectual shelter.

The annual mean temperature of the Atmosphere of London is in round numbers 52°; the monthly mean temperature as follows:

January	35°	July	66°
February	42	August	65
March	46	September	59
April	49	October	52
May	56	November	44
June	63	December	41

The greatest usual cold is 20°, and is in January; the greatest usual heat is 81°, and is generally in July. The limits of the annual variation are, 2° 5′; that is, 1° above, and 1° 5′ below the mean.

The greatest variations of the mean temperature of the same month, in different years, are, in

January	6°	July	2°
February	5	August	2
March	4	September	3
April	3	October	4
May	2	November	4
June	2	December	3

The variations of temperature that most commonly occur within 24 hours, in different months, are,

January	6°	July	10°
February	8	August	15
March	20	September	18
April	18	October	14
May	14	November	9
June	12	December	6

This view developes the cause of more frequent catarrhs in the vernal and autumnal seasons, than in those of winter or summer.

On particular days Farenheit's thermometer has been known to vary 40°. In July, 1808, in the shade, it ranged from 89° to 94°; and

in some parts of London it was at 103°. The cold has been so intense, as to reduce it to 0°. Happily these extremes are of short duration and of rare occurrence.

The greatest height the barometer ever attained in this island is 30—90; the lowest it ever fell to 27—33. The mean quantity of rain that annually falls is 29—88.

In November the atmosphere of London is moist and foggy. By this period the earth is saturated with the rains of the autumn, and the consequent evaporation, slowly rising, becomes charged with the smoke and soot from the innumerable coal fires; this envelopes the whole town with those dark and gloomy mists, of which foreigners so much complain, and to which they impute the hypochondriacism of its inhabitants. Fortunately these fogs are but temporary. The flux and reflux of the tide of the river, twice in twenty-four hours, produces a current of air, tending to disperse the fogs and purify the atmosphere, as well as to drain the town from accumulating filth. Hence the numerous and various iron-founderies, glass-houses, dye-houses, soap and sugar boilers, shot, hat, white lead, and other manufactories of mineral substances, boat-builders, &c. on its banks, from which much offensive and unwholesome effluvia arise, have not such pernicious consequences on the health of the inhabitants as their conjunct effects in many other situations would probably produce.

Fuel.—The consumption of coals in London, annually, is 800,000 chaldrons, or 1,200,000 tons. There is little other fuel used in the Metropolis.

Provisions.—The following abstract will give a tolerably correct notion of the quantity and quality of provisions annually consumed by the population of London.

Meat.—Oxen,	averaging	800lbs. each,	130.000.
Sheep,	ditto	80lbs. ditto,	800,000.
Calves,	ditto	140lbs. ditto,	270,000.
Lambs,	ditto	60lbs. ditto,	270,000.
Hogs and Pigs	-	-	-	200,000.

But it should be observed, a large number of the oxen are weekly bought at Smithfield for the supply of the navy.

Milk.—About 8,000,000 gallons.

Fruit and Vegetables.—For these articles about £3,000,000 is expended.

Wheat.—About 900,000 quarters.

Porter and Ale.—About 2,000,000 of barrels of thirty-six gallons each.

Spirituous Liquors and Compounds.—11,200,000 gallons.

Wine.—65,000 pipes.

Butter.—21,300,000 lbs.

Cheese.—26,000,000 lbs.

Fish.—120,000 tons.

Poultry.—About £70,000 is expended.

Game.—Not being an article for public s[illegible], no estimate can be formed of its consumption; but the quantity coming to London is immense.

Population.—The population of the ten London districts hereafter to be described, may be computed in round numbers at 950,000.

Remarks on Customs.—Strangers to the customs and manner of living of the inhabitants of this great town, upon examination of the monthly registers of its diseases, without some prefatory explanation, would be led to very erroneous conclusions as to its healthiness, or the prevalency of diseases, at certain periods of the year.

There are always 100,000 strangers supposed to be in London; but after Christmas the town becomes much fuller of people. The Parliament generally meet about January. All the courts of judicature are then sitting; the theatres, and all the winter places of amusement, are open. The families of people of distinction, with their retinues, return from the country. The town is fullest about May, when the various exhibitions of the fine arts, in addition to the other attractions, occasion an astonishing influx of visitors. About the end of June, or July, the nobility, gentry, and wealthy tradespeople retire, either for health or pleasure, to their country-seats, the watering places on the sea-coast, or to the villages in the vicinity, where they inhale a purer atmosphere. In August, September and October, the town is comparatively very thinly inhabited. In November and December, business, or the approach of winter, compels many to return with their families to their town residences.

This custom of migrating at certain periods, as it necessarily reduces the numbers of the inhabitants, must have correspondent effects upon the reports of the prevailing diseases in London. Hence in the 7th or North-Western District, chiefly inhabited by the nobility and people of opulence, and in which there are no public offices, it is probable, that, from July to December, three fifths of its winter residents are absent. To the 8th or Western District, this statement will not so fully apply; because being the residence of the Court, the attendants on Royalty, and the numerous and dependent tradespeople must be guided by the movements of their employers. The 1st, or South-Western, and the 6th, or Northern Districts, are nearly as empty as the 7th and 8th. The other Districts, being universally occupied by persons in commerce, manufactures, or trade, are more uniform in the number of inhabitants.

Nothing will more strongly exemplify the necessity of caution in judging, from any register of diseases, of the healthiness of the west end of the town, at particular periods, than the fact that many Medical Practitioners, in the Districts before quoted, have, in the autumn, three-fourths fewer of their connections in London than in the spring season.

It will certainly be important to ascertain how far scites of places, so contiguous as London and Hampstead, but under such

topographical differences, may influence the nature, character, and frequency of diseases. We therefore propose to extend our register beyond the exact limits of the town, and add a return of the diseases occurring on the hills of Hampstead and Highgate, which rise on the north of London; and of those which are incidental to the Surry level, lying on the south banks of the Thames; on which stand Lambeth, Newington-Butts, Christ-Church, Southwark, Bermondsey and Rotherhithe.

To the philosopher, the philanthrophist, or the medical practitioner, it cannot be uninteresting, if, before we enter upon the minuter description of the Medical Districts, we extend our observations to the subsequent points that are strictly apposite and elucidatory of the present subject.

Charitable Institutions for the Sick, &c.—Probably it were vain ever to expect by any ordinary means to procure either a full or a very precise return of the existing diseases of this, or of any large town, so that the proportion of the sick to the healthy could be correctly ascertained. The acts of humanity and charity for which Great Britain is renowned, would defeat the attempt. The multitude of distressed invalids that are provided for in hospitals, or gratuitously supplied with advice and medicines, either at their own dwellings, or by daily attendance at different charities, is truly astonishing.

There are in this metropolis 22 hospitals, or asylums for the sick, the lame, and pregnant women; 17 dispensaries for gratuitously supplying the necessitous with medicines and medical aid at their own houses; besides 127 places for the reception of the aged or infirm, who are cloathed and fed, and are provided also with every medical attention. There is likewise for the reception and medical accommodation of the distressed, a poor-house to every parish.

It is calculated that 50,000 poor persons daily receive advice and medicines; and that one-third are visited at home, without any charge to them!

Medical Profession.—In an enquiry into the probable extent of the diseases of London, it must be relevant, and indeed expedient, to give some view of the means afforded for medical attendance on the numerous patients it must ever contain.

The privileges of the College of Physicians extend to seven miles round London; those of the College of Surgeons, to ten. The Society of Apothecaries has no jurisdiction over those who choose to practice as Apothecaries, except over its own members, and the power of examining the shops of all dispensers of medicines within the city.

As there are lists of the members of the three Corporate Medical Bodies annually published, and as recent events have offered opportunities of obtaining a tolerably correct account of those who practise medicine, not members of any of these Corporations, it is not difficult to give with moderate exactness the numbers of all the medical practitioners.

If we take the circumference of a radius of eight miles, of which St. Paul's Cathedral is the centre, we embrace nearly the circle to which the privileges of either of the Colleges extend. This also is the boundary taken for calculating the population both of London and of Paris. The population of the districts into which we have divided London and its environs, is 950,000; but within the radius of eight miles, there are perhaps, 1,100,000.

To take the medical care of this multitude, there are resident and practising within this boundary,

Fellows of the London College of Physicians......	45
Licentiates of the same.........................	83
Total	128
Members of the College of Surgeons, who all occasionally prescribe, but *do not* practise, Pharmacy............	70
Members of the College of Surgeons, who *do* practise Pharmacy; Apothecaries only; and all those who may be termed General Practitioners......................	900
Total of Medical Practitioners......	1098

Thus we find there is only one regular medical practitioner for every 1000 persons.

At the beginning of the 18th century, when the population of this arrondissement did not exceed half the census of 1811, it is stated (see Stow's Survey of London by Strype,) that in 1707 there were in the city of London only 1000 Apothecaries. The resident Physicians and Surgeons of the London Corporations were then few, indeed, comparatively with the present period.

How is this seeming paradox to be explained?

The retrospect of five-and-thirty years will solve the ænigma. The Physicians have doubled in number. Within this space a new order, the dispensing Druggist or Chemist, has arisen, which is very similar to what the Apothecary was a century and a half ago. We believe that prior to 1788, there were not, in all London, more than half a dozen Druggists who dispensed medicines from Physicians' prescriptions. There are now, of this description, above 600!. Many of them keep assistants to prescribe, to bleed, and to take the management of minor surgical cases; and few or none refuse to take charge of any casualty to which they may accidentally be summoned as medical or surgical practitioners.

The establishment of so many dispensaries (all of modern date,) for gratuitous advice, and medicines to the poor; the advantages of which many avail themselves, who can afford remuneration for such services, and who thus impose on these excellent charities; the introduction of vaccination, which has unquestionably and most happily diminished the sum of human ills; and the general attention to cleanliness and ventilation, certainly now much more ob-

served by the lower classes, have conduced to subtract very materially from the necessity for medical aid.

It is scarcely requisite to adduce proofs of the rapid growth of empiricism, with all its concomitant nostrums.

All these are causes acting either immediately or mediately to deteriorate the practice of the Apothecary or General Practitioner; and consequently their number has not increased in a ratio with the population.

That the town, notwithstanding its vast accession of inhabitants, is much more healthy than heretofore, and that the mortality is consequently reduced, are facts substantiated in a very able and satisfactory Memoir by Dr. Heberden, just published in the 4th vol. of the Transactions of the London College of Physicians.

The following are considered the Public Schools for teaching the Arts and Sciences connected with the practice of the various branches of the Medical Profession :—

ST. THOMAS'S AND GUY'S HOSPITALS, SOUTHWARK.

Practice of Medicine—Dr. Babington, and Dr. Curry.

Theory of Medicine—Dr. Curry, and Dr. Cholmely.

Anatomy—Mr. Cooper, and Mr. Cline, jun.

Principles and Practice of Surgery—Mr. Cooper.

Dissections—Mr. Travers.

Physiology—Dr. Haighton.

Principles and Practice of Chemistry—Dr. Babington, Dr. Marcet, and Mr. Allen.

Experimental Philosophy—Mr. Allen.

Midwifery, and Diseases of Women and Children—Dr. Haighton.

Structure and Diseases of the Teeth—Mr. Fox.

Botany.—Dr. Thornton, in the Spring, occasionally gives Lectures on this science.

Veterinary Art.—Upon this subject, there is usually a course of Lectures delivered every winter, as luminous as might justly be expected from the science and experience of Professor Coleman.

ST. BARTHOLOMEW'S HOSPITAL, SMITHFIELD.

Practice of Medicine—Dr. Powell.

Anatomy—Mr. Abernethy.

Surgery—Mr Abernethy.

Dissections—Mr. Lawrence.

Chemistry—Dr. Hue.

Midwifery, and Diseases of Women and Children—Dr. Gooch.

LONDON HOSPITAL, MILE-END.

Practice of Medicine—Dr. Buxton.

Anatomy—Mr. Headington, and Mr. Frampton.

Surgery—Mr. Headington.

Midwifery, and Diseases of Women and Children—Dr. Dennison.

Clinical Lectures on Surgical Cases delivered gratuitously by Sir William Blizard and Mr. Thomas Blizard.

THEATRE OF ANATOMY, GREAT WINDMILL-STREET.

Practice of Medicine—Dr Roget.

Anatomy, Physiology, Pathology, and Surgery—Mr. Wilson, and Mr. Charles Bell.

Dissections—Mr. C. Bell.

Surgery—Mr. Brodie.

Chemistry—Mr. Brande.

Materia Medica—Mr. Brande.

Twelve gratuitous Lectures are given by Sir Everard Home, to the Pupils of St. George's Hospital, on the principal operations of Surgery.

St. George's Hospital, the Middlesex Hospital, the Westminster Hospital, and the London Infirmary, Charter-House Square, for curing Diseases of the Eye, receive Pupils; but the Lectures are mostly delivered at the private houses of the Teachers.

PRIVATE TEACHERS.

Physic and Chemistry—Dr. George Pearson.

Physic, Materia Medica, and Chemistry—Dr. Hooper, and Dr. Agar.

Physic, Materia Medica, and Chemistry—Dr. Clutterbuck.

Physic and Chemistry—Dr. Tuthill.

Institutes and Practice of Medicine—Dr. Adams.

Surgery, Physiology, and Pathology—Mr. Carlisle.

Anatomy, Physiology, and Surgery—Mr. Brookes.

Anatomy, Physiology, Pathology, and Surgery—Mr. Taunton.

Anatomy and Surgery—Mr. Carpue.

Midwifery, and Diseases of Women and Children—Dr. Clarke. and Mr. C. M. Clarke; Dr. Clough; Dr. Ramsbottom; Dr. Squire; Dr. Merriman; Mr. Stewart; Mr. Hopkins; and Mr. W. F. Protheroe.

It is not a little remarkable, and certainly very discreditable to our system of Medical Education, that neither public nor private schools pay that attention to the science of Botany it so justly claims. Mr. Anth. Todd Thomson's is, we believe, the only scientific course of Lectures on Botany, as connected with the practice of Medicine, lately regularly delivered in London. The Society of Apothecaries have a Botanic Garden at Chelsea, which was bequeathed to them by the celebrated Sir Hans Sloane. We wish it were in our power to observe, that it is as well supplied with exotics or with the indigenous plants included in the Materia Medica, as it ought, and might be, and as was designed by its enlightened donor. The members of this society and their apprentices, have excellent opportunities of becoming practically acquainted with this essential and interesting science under the instruction of their zealous and indefatigable Professor and Lecturer on Botany, Mr. Thomas Wheeler, F.L.S.

We are happy to notice, as an act creditable to themselves, and, no doubt, highly gratifying and instructive to the members generally, that the Court of Assistants of the Society of Apothecaries have appointed their Operator, T. W. Brande, Esq. F.R.S., Professor of Chemistry and Materia Medica, to deliver a course of Lectures on those sciences, the first Tuesday in every month, in their Court Room.

*Museums.**—The Museums connected with and illustrative of the sciences of Medicine, Anatomy, Obstetrics, and Natural History, are numerous.

That, newly selected, arranged, and deposited at the Royal College of Surgeons, is worthy of the high character of that respectable Body.

All the public hospitals, where a school is established, can boast of extensive Museums; collected, or prepared by the different Professors that have been attached to them.

The Museums of some of the private Teachers are unrivalled by those of the public Schools.

That formed by Mr. Wilson, in Great Windmill Street, so admirably disposed and arranged in the noble room wherein was exhibited the celebrated Museum of Dr. Hunter, is a striking proof of the abilities and industry of that gentleman and his able coadjutor, Mr. Brodie.

The Museum of Mr. Brookes, in Blenheim Street, reflects lustre on the labours and reputation of that Teacher of Anatomy.

Dr. Hooper's preparations of morbid Anatomy are numerous, and not surpassed by any in correctness and importance.

Mr. Charles Bell has also just opened a Museum, of which report speaks highly.

The Museum of Mr. Heaviside in Great George Street, Hanover Square, combining also the works of other Arts and Sciences, is splendid and curious.

The British Museum, and the London (late Liverpool) Museum, present the finest collections for the study of Natural History.

DIVISION INTO MEDICAL DISTRICTS.

As London presents considerable diversity in surface and local peculiarites, which may be presumed to influence the character of diseases, it is sub-divided into ten districts; of which eight are on the north side of the Thames, and two are on the south, or Surry side: to which, if the hills of Hampstead and Highgate are added, they will together constitute eleven Medical Districts.

These we distinctly, though as concisely as possible, intend to describe topographically; and we hope in a manner sufficiently

---

* Of these Museums, we shall, from time to time, give descriptions, with catalogues raisonnée of their most interesting and reable specimens.

perspicuous, as to serve ever after as an index, to which those of our readers, who are not well acquainted with the metropolis, may satisfactorily refer for explanation, when examining the REGISTERS of this REPOSITORY.

That all Registers of the diseases of large places must be deficient as faithful and complete returns of their existing maladies, because all Medical Practitioners will not be induced to contribute the results of their public and private practice, may be admitted; but still, as far as they go, they will prove a very valuable addition to knowledge; and, perhaps, elucidate the occult causes of disease in all populous towns. If we do not obtain an accurate account of all the prevailing diseases of the month, in the First Table, yet by comparing the number of cases of any particular complaint in one District, with the same complaint in other Districts, that which is the most rife, in London, will always be ascertained. Or, by adverting to the topographical differences of the Districts, wherein the contrast in the diseases, or in their results, are most remarkable, the causes of such contrast will, possibly, be more readily detected.

The Second Table is arranged to correspond with the Meteorological Report, with a general abstract from the First Table of the diseases, which may be *supposed* to be most influenced by the state and changes of the atmosphere. We say *supposed*, because we are well aware that it is very difficult, at present, to determine in what degree the health of the human body is affected by the vicissitudes of the atmosphere, or what diseases are actually occasioned by its influence. This very deficiency in our knowledge of the causes of diseases has suggested the necessity and utility of the proposed plan.

We therefore respectfully, but confidently, invite all Medical Practitioners residing within the limits of the Districts, to contribute their aid to this useful part of our labours.

By favouring us with registers of the cases occurring in their daily practice, whether public or private, the returns may be on a scale so comprehensive as to afford the hope that the origin of diseases being more clearly defined, their treatment and cure will be eventually established on more settled principles.

For the present we offer the Register rather as a specimen or epitome of our plan, than as one perfect in all its parts; or, as containing so copious a list of cases, as we confidently expect we shall have in our power to record when the design is understood and its utility duly appreciated.

For its fidelity we can say no more than that we shall entrust our tables, for collecting the results of practice, to the hands of those only, whose knowledge and respectability warrant the promise of correctness and credibility.

After these preliminary remarks on the Tables, we will immediately proceed to the description of the Districts, to which, they form a proper corollary. We propose commencing with the south western division, on the north bank, adjoining the Thames: and pursue its course as it descends eastward. This we prefer, be-

cause the diseases of the Districts may in some shape or other be affected by the current or contiguity, or by the distance from the river. We shall then take the inland Districts, in succession. Afterwards, the Districts on the Southern, or Surry bank, as opposed to the hills of Middlesex.

FIRST DISTRICT, OR SOUTH WESTERN*.

Extent.—From Chelsea Bridge including Chelsea, Brompton, Knightsbridge, to Hyde Park Corner, at Grosvenor Place, Pimlico, the Ancient City of Westminster, bounded on the north side by St. James's Park to Spring Gardens; thence to Charing Cross, and the Thames at Northumberland Wharf, following the Banks of the River back to Chelsea.

Population.—56,000.

Description.—The ground generally flat: that part contiguous to the River, and separating Westminster from Chelsea, marshy and damp. A great portion not being yet paved, and lying low, is indifferently drained. The Serpentine River, or Bayswater, crosses from Hyde Park, through Knightsbridge, and empties its waters, at Ranelagh, into the Thames.

Parts of Westminster are crowded by old and ruinous houses, in narrow streets and alleys. But much rubbish has recently been cleared away, many nuisances removed, and improvements are daily making which must increase the healthfulness as well as the beauty of this city: while some of the streets and buildings, both public and private, are truly magnificent; and constitute the chief ornaments of this great metropolis.

Soil.—A sandy loam on a stratum of the gravel of flints, and where gardeners' grounds still remain, it is highly enriched by long cultivation.

Inhabitants.—Many of the nobility, members of parliament, clergy, military, persons attached to the public offices, trades-people, labourers, &c.

SECOND DISTRICT, OR SOUTHERN.

Extent.—From Charing Cross to Whitcombe Street, along the east side in a straight line through Princes Street and Wardour Street to Oxford Street, thence pursuing its south side, eastward, through High Street, St. Giles's and High Holborn to Chancery Lane, including the Liberties of the Rolls, and the Temple; and from the latter, pursuing the Banks of the River with all the streets, as the Strand, &c. westward to Northumberland Street.

Population.—83,000.

Description.—Its scite is on a gentle ascent from the Banks of the River. Excepting the Inns of Court, Lincoln's Inn Fields, Covent Garden Market, Leicester Square, Soho, and the Temple, with

* The plan annexed to this description of the Districts will render the whole design perfectly intelligible.

the Strand, and the streets crossing it, the principal part consists of mean and over-crowded houses, filthy lanes, alleys, and courts, rarely cleansed, and wretchedly lighted and ventilated. But as the whole is regularly paved, with a fall to the River, it is effectually drained.

Inhabitants.—This district compared with its space is very populous. As it includes several inns of court and the two great Theatres of Drury Lane and Covent Garden, many lawyers and persons attached to the theatres reside in it: but the majority are tradesmen, tavern-keepers, artificers, journeymen, coal-heavers, and carmen, (the two last, Dr. Willan reported to be remarkably short lived), and great numbers of labouring poor, especially Irish and Welch.

THIRD DISTRICT, OR SOUTH-EASTERN.

Extent.—The exact boundaries of the ancient walls of the City of London. They commence at Temple Bar, west, then turn northward behind the Liberties of the Rolls to Holborn at the Bars; thence down Holborn Hill to the north of Smithfield to Barbican; by London Wall, across Bishopsgate; thence by Spital Square and Aldgate to Trinity Square; where, winding round its western side, they run to Tower Stairs, and pursuing the shore westward, end at White Friars adjoining the Temple.

Population.—155,000.

Description.—The surface is very unequal, presenting both hill and dale. St. Paul's is the centre, and stands on the highest ground of London. There are no squares or vacant spaces, (except Smithfield,) ground being too valuable to be left unoccupied. Some of the streets are wide and commodious, but by far the greater number are too narrow to be light, or convenient. But the whole City is admirably paved, cleansed and drained.

This District is intersected by a running brook called the Fleet; the only one remaining of several, which once served as natural sewers for ancient London. Its sources are in the hills of Hampstead and Highgate; thence running due south, it acts as the common drain to Kentish Town, Battle Bridge, and part of Clerkenwell, and passing under Holborn Bridge, Fleet Market, and New Bridge Street through the Old Fleet Ditch, it discharges its proverbially turbid waters at Blackfriars into the Thames.

Inhabitants.—All are engaged in, or depend on commerce or trade; all are actuated by the same great object—the means of living. The measure of wealth is the standard of consideration; and here are found all the gradations and vicissitudes which industry or fortune regulate. If the wealthier part cannot pretend to nobility, neither are the poorer so debased and wretched as that class in the Second District.

FOURTH DISTRICT, OR EASTERN.

Extent.—The Tower Liberties, Minories, Goodman's Fields, Whitechapel, Spital Fields, Bethnal Green, Mile-End, Stepney,

Poplar, to the River Lea, the boundary between Middlesex and Essex; thence westward to Blackwall, the Isle of Dogs, Limehouse, Ratcliffe, Shadwell, Wapping, and St. Katherine's, which skirt the river bank back to the Tower.

Population.—190,000.

Description.– This is a very extensive and populous District, in which the proportion of poor is always very large. It is very irregular in form; great part is badly, or not at all paved; and being low ground, is marshy and damp; and probably the drainage is very inefficient. It contains several immense excavations, into which the waters of the Thames being admitted, they form a canal across the Isle of Dogs, and the largest and most commodious docks in the world, for the reception of shipping. These waters occupy a space, at least, of two hundred acres, and are not changed at the flowing and ebbing of the tide. The considerable evaporation from such a body of stagnant water, it is natural to imagine, materially affects the state of the surrounding atmosphere; and hence influencs the diseases of the neighbourhood. But these are not the only local peculiarities to be noticed. The streets, lanes, and alleys in Spital Fields, and all the places along the Thames are narrow and dark, where cleanliness is little observed. The same may be said of most of the houses, which are also ill built. But the destruction of houses to make room for the Wapping Docks, and from the tremendous fire at Ratcliffe a few years since, with the erection of new ones on the scite of the old, and others that have been built to accommodate the prodigious accession of inhabitants, occasioned by the creation and contiguity of the East and West India Docks, have so combined to alter the face and circumstances of this part, that it will be some time before any conclusive inferences can be deduced, from reports of the diseases in this interesting, but varying division.

From the Thames, at Limehouse, to the Lea, there is a navigable canal, called Poplar or Limehouse Cut; which connects the two rivers.

In the parish of St. Paul, Shadwell, on a rising ground in the Sun Fields, about two miles E. of the Tower, there is a valuable spring of saline purgative water; formerly in high repute.

Inhabitants.—The most motly in Europe; and of as various occupations.—Merchants, tradesmen, silk-weavers, sugar-bakers, (whose workmen are commonly Germans, and who, from the great heats they endure, are short-lived;) manufacturers of all kinds, ship builders, rope and sail makers, and all those engaged in shipping concerns, with their journeymen, and labourers, coal-heavers, watermen, sailors, Jews, Chinese, Lascars, and foreign mariners of all countries.

FIFTH DISTRICT, OR NORTH EASTERN.

Extent.—Part of St. Leonard's Shoreditch, Hoxton, St. Luke's Parish, Islington, and St. James's, Clerkenwell, with Pentonville to Battle Bridge, up the east side of Gray's Inn Lane to Holborn Bars, down the north side of Holborn Hill, including Hatton Gar-

den and Ely Place to Charter-House Square, and in the line embracing Finsbury and Moor Fields.

Population.—116,000.

Description.—Several of the great roads leading from London intersect this district. Many of the streets are unpaved, and the houses are very irregularly placed. There are some inclosures within this line, as yet unbuilt upon. The sub-soil is a tenacious brick earth; the superstratum, from cultivation, is a fine loam.

In Islington parish, on a rising ground, at Sadler's Wells, there is a fine chalybeate spring, called the New Tunbridge Spa; and westward, at a little distance in the valley, are Bagnigge and Pancras Wells; the latter now known as St. Shad's; both of these are strongly impregnated with the *sulphate* of *magnesia*, and are agreeably purgative and diuretic.

At Sadler's Wells also, the great aqueduct for the supply of London with water, called the New River, pours its pure and copious streams into ample reservoirs; which, being placed on the most elevated ground on the north side of the town, the water descends with great force through the conducting pipes under the streets into the houses. These waters have their sources thirty-six miles distant; whence they are conveyed by an artificial canal, to this spot.

The drainage in several parts is very imperfect. The Fleet Brook passes through the north-west side of this District, by Battle Bridge and Clerkenwell. About Pentonville the ground is high, the soil dry, and the air very salubrious.

Inhabitants.—Chiefly of the trading community: brewers, dyers, brick-makers, watch and clock-manufacturers, japanners, &c. &c. The number of dissenters of all persuasions in this District is immense. The poor are exceedingly numerous.

SIXTH DISTRICT, OR NORTHERN.

Extent.—From the west corner of Gray's Inn Lane, Holborn, down that side by Battle Bridge, including Pancras, Kentish, Camden, and Somers Towns, with the Hampstead Road, to the east corner of Tottenham Court Road; thence down the east-side to High Street, St. Giles's, passing along its north side and that of High Holborn, till it reaches again to Gray's Inn Lane. These bounds embrace a part of St. Andrews, St. Pancras, and St. Giles's, and the whole of St. George, Bloomsbury, and St. George the Martyr's Parishes. Within this District are included all the new buildings on the Bedford, Foundling, and Skinner's estates.

Population.—55,000.

Description.—This district is adorned by many spacious and elegant squares; while the streets are generally straight, wide, and airy. The houses are mostly of modern construction, and are sufficiently commodious. There have been more houses recently added to the town, in this district, than in any other; and they are annually augmenting: but there are a great number still unoccupied. The soil is dry, the surface even, and the inhabited part is generally well paved and drained.

Inhabitants.—As in every other part, it comprises a medley, but the majority is highly respectable; consisting of those engaged in the practice of the law, in commerce and trade. In Somers Town reside most of the French Emigrants.

SEVENTH DISTRICT, NORTH WESTERN.

Extent.—From the north-east corner of Oxford Street, along its north side to Tyburn Turnpike, the Edgeware Road, including Paddington and the New Road to the North-west corner of Tottenham Court Road, and along its west side to Oxford Street.

The Grand Junction Canal, as its name implies, communicating with many other important canals, and forming a most magnificent and convenient inland navigation, terminates in this District, and conveys to the Metropolis at Paddington the manufactures, coals, corn, cattle, &c. &c. of the midland counties of England.

Population.—80,000.

Description.—This division is very compact, and exclusive of Paddington, is nearly a paralellogram. It embraces the whole of Mary-le-Bone. Except a small number, the houses in Mary-le-Bone have been built within fifty years; consequently there are many fine squares and noble streets; all of which are of a sufficient width, and are well cleansed and drained. It possesses every local advantage to presume that it may be more exempt from disease than any of the other Districts.

Inhabitants.—Here reside the families of many of the nobility, gentry, and wealthiest merchants. From January to June, it is the abode of luxury and elegance; from July to Christmas, few but tradespeople, and the poor, are to be seen.

EIGHTH DISTRICT, OR WESTERN.

Extent.—From the south west end of Oxford Street, down Park Lane to Hyde Park corner; thence up Piccadilly, St. James's Street, Pall Mall, and Cockspur Street, along the west side of Whitcombe, Prince's, and Wardour Streets; and thence down the south side of Oxford Street to Park Lane.

Population.—66,000.

Description.—This may be termed the Court District, as it includes St. James's, and great part of St. George's, Hanover Square. It contains many spacious squares, and well proportioned streets. All are well paved, drained and cleansed.

Inhabitants.—Within it, the court, many nobility, and people of great property reside. Here also many persons acquire considerable wealth, and respect in trade; and also by keeping hotels and taverns, which are very numerous. It is the emporium of fashion; and hither all its votaries resort from the city and the country. Here, the profits in business being immense, expense is less regarded; and the manners of the lower ranks largely partake of the voluptuousness, and love of dress and pleasure, which they have imbibed from the example of their superiors.

NINTH DISTRICT, OR SURREY SIDE WEST.

Extent.—From the south side of Blackfriars Bridge along the river side, westward to Lambeth, Vauxhall, and Kennington, thence to Newington Butts, including St. George's Fields, and then in a straight line to the foot of Blackfriars Bridge.

Population.—45,000.

Description.—This district is bounded on the south by the Thames, which at a remote period is supposed to have flowed over the whole level, from Rotherithe to Lambeth, and against the inundations of which it is now protected by artificial banks. Nevertheless, its surface being very flat, and lying rather below the level of the river, its waters, with spring tides and strong easterly winds, sometimes overflow and fill the cellars of the houses. The meadows or gardeners grounds are intersected by ditches; from which, as there is no outlet, and the tide cannot have access to cleanse them, arise offensive effluvia in hot weather. Scarcely any part is paved, and from the causes mentioned, is, of course, very insufficiently drained. Hence the whole is damp, and the atmosphere, though mild, generally humid. Even the streets in St. George's Fields, from originally faulty formation, are frequently flooded by the rain water for weeks. To this, much offal of animal and vegetable matters being added, unwholesome exhalations arise, and, not improbably, Miasma is engendered.

Here, at a spot known by the name of the Dock and Duck, or St. George's Spa, is a mineral spring, containing *sulphate of magnesia*, and formerly much celebrated, and greatly resorted to by the citizens of London. The late Dr. Fothergill ascribed many extraordinary virtues to this water. This spring is now inclosed within the boundaries of the ground upon which the New Bethlem Hospital is building.

Inhabitants.—South Lambeth, Vauxhall, Kennington, and Newington, are respectably inhabited; but many other parts of this district, especially St. George's Fields, (a great portion of which is within the rules of the King's Bench Prison,) are crowded with the most destitute and miserable of human beings, within the circle of what is denominated London.

TENTH DISTRICT, OR SURREY SIDE EAST.

Extent.—From Blackfriars Bridge down the south bank of the Thames eastward to Rotherithe; thence inland to the Kent Road, including the Borough and Bermondsey.

Population.—90,000.

Description.—Excepting the Borough, which is paved, and being rather on higher ground than that which surrounds it, is well drained, the same description of situation and surface will apply to this, as to the last District. But here comparison ceases; for the Borough is a place of immense traffic and wealth. All is business; all bustle. The streets are generally narrow, and from the unceasing passage of carts, drays, &c. very dirty.

The houses are commonly mean, and confined; but some which are detached are very large and commodious.

Inhabitants.—There are few private dwellings, every house is a shop, a warehouse, or an inn. The Borough is chiefly inhabited by substantial tradesmen, hop-factors, &c. Bermondsey and Rotherhithe with woolstaplers, tanners, leather dressers, dyers, iron founderies, glass houses, ship-builders, and sea-faring people. The poor, though numerous, are generally in some employ.

It need scarcely be remarked that there are few wells, or springs of good water, in the two last Districts: they are principally supplied by aqueducts.

ELEVENTH DISTRICT, HAMPSTEAD AND HIGHGATE HILLS.

Hampstead and Highgate are situated on a range of hills to the north of London, and are about 400 feet above the level of the Thames; and from which they are distant about five miles. The approach to them is gradual for three or four miles; the ascent then becomes abrupt. The soil is a mixture of sand and gravel. The springs are numerous, but are all more or less impregnated with iron. The mineral springs of Hampstead have long been celebrated, and in the beginning of the 18th century were the resort of the valetudinary and the dissipated, and had accommodations and attractions for both, similar with Tunbridge Wells.

According to the scientific analysis of that accurate Observer, Mr. Bliss, of Hampstead, the solid contents in a wine gallon of this water are, nearly, of

	Grs.
Oxyd of Iron - - - - - -	$1\frac{50}{100}$
Muriate of Magnesia - - -	$1\frac{75}{100}$
Sulphate of Lime - - - -	$2\frac{12}{100}$
Muriate of Soda, nearly - -	1
Silex, about - - - - - -	$\frac{38}{100}$
Total - - -	$6\frac{15}{100}$

The gaseous contents of a gallon are, of

	Cubic Inches.
Carbonic acid Gas - - - - - - - - - -	10,1
An Air somewhat less pure than atmospherical -	90,9
	101

The temperature of this Spring is 46° to 47°. Its specific gravity rather exceeds that of distilled water, both being brought to the temperature of 50°.

These hills, having on their north side an uninterrupted level of several miles, are fully exposed to the influence of the winds from that quarter. They thus present a complete contrast, in all points, to the Surry districts on the south side of the Thames.

Population of Hampstead and Highgate about 7000

A REGISTER of the DISEASES of LONDON between November 20th and December 19th, 1813, for the London Medical, Surgical, and Pharmaceutical Repository.

DISEASES.	1 S. W.	2 S.	3 S. E.	4 E.	5 N. E.	6 N.	7 N. W.	8 W.	9 Surry side W	10 Surry side E.	11 Hamp Highg	No. of Cases.	Fatal.
Anasarca				4	3	3		1		1	1	13	1
Ascites					2			1			1	4	4
Asthma	14		4	5	38	7	11	4		2	8	93	5
Acne	2		2		1			2				7	
Apoplexia	2			2		1	1	1			1	8	2
Aphtha lactantium					5					2		7	
Amenorrhœa	3		1		4	2		2		6	1	19	
Asthenia	2		1		16	1				4	2	26	
Abortio	1					1						2	
Bronchitis acutus	3		14		30	6	2	14		31	8	108	
——— chronicus.													
Cancer	2			1	1		1			2	1	8	
Chlorosis	1		3	1	2	1	1	2			5	16	
Cholera			1	3	2		2				2	10	
Chorea					1							1	
Cephalalgia	3		2		7	2	4	5		1		24	
Colica	6				5	1	1			2	2	17	
Catarrhus	20		17	16	52	53	42	24		18	45	287	
Convulsio					1			1		1	2	5	
Carditis													
Cynanche Tonsillaris	7		4	7	2	4	1	6		4	7	42	
——— maligna	1			1		2						4	
——— Trachealis.	1							2			3	6	
——— parotidea.	3				5	1					1	10	
Diabetes							1					1	
Dysenteria			1		8		2	1			1	13	
Diarrhœa	4		2	6	14		6	11			6	49	
Dyspnœa	6		8		14		1	3		5	1	38	
Dyspepsia	4			11	12		7	7		17	12	70	
Dysuria	1				2			1		3		7	1
Ecthyma	1				4					2		7	
Eczema										2		2	
Erythema nodosum										1		1	
Erysipelas			2	4	3	3		3		2		17	1
Enteritis				5				1		1		7	1
Entrodynia						1						1	
Enuresis													
Epilepsia	3				1							4	
Febris remittens	12		5		13	5	3	4		2	4	48	1
—— intermittens				2	1	1				1		5	
—— puerpera													
Gastritis	1					1	1	1				4	
Gastrodynia	1				2	1						4	
Hæmatemesis					1		1					2	
Hæmoptoe			1		3	2	3	1				10	
Hæmorrhois	1											1	
Hepatitis			3	6	1					8		18	
Hysteria	1		2	8	1	2					2	16	
Hysteritis													
Hydrophobia													
Hydrocephalus	1				1			1		1		4	3
Hydrothorax	1				7	3		1		1	1	14	6
Herpes			1	3	1	1		2		2	3	13	

DISEASES.	1 S. W.	2 S.	3 S. E.	4 E.	5 N. E.	6 N.	7 N. W.	8 W.	9 Surry side W	10 Surry side E.	11 Hamp Highg	No. of Cases.	Fatal.
Hypochondriasis			1	4	6		2	1				14	
Icterus	1			3	1					1	2	8	1
Impetigo			1									1	
Ischuria					1							1	
Leucorrhœa													
Lithiasis								1				1	
Lepra					1	1				1		3	
Lichen			1							1		2	
Mania													
Menorrhagia	1		1	5	1	2	3	1		2	1	17	
Miliaria													
Morbi Infantiles	2		4	4		6	7	5		38	7	73	
——— Biliosi*	3		4	10	4	4		4		44	2	75	
Nephritis				1			1	1		1		4	
Obstipatio													
Ophthalmia	1		1	5	9	1	7	6		6	6	43	
Paralysis					4			2		1		7	
Phthisis Pulmonalis					8	7	5	1		1	1	23	5
Pemphigus													
Pertussis				2	2			7		3		14	1
Peritonitis						1	1			3		5	
Pompholyx													
Phrenitis													
Pneumonia	12		4	15	22	3	6	9		22	4	97	13
Podagra	2		2		4	1		2		1		12	
Porrigo larvalis	2			2	1		1					6	
——— scutulata	1				6							7	
——— favosa					6							6	
Psoriasis	1		1	3	2			1		1		9	
Purpura	1											1	
Pyrosis								4				4	
Rachitis						1						1	
Rheumatis. acut	11		5	12	10	8	6	4		2	1	59	1
——— chron.			1	1	30	2	7	1		2	2	46	
Rubeola	2			3	6		1	2			3	17	
Scabies	13			1	8	8	21					51	
Scarlatina simplex				1	1		1			5		8	
——— anginosa	3										1	4	
——— maligna.	1					1						2	1
Splenitis				2						1		3	
Scrofula	3		3		12	5	3	3		1	3	33	
Tabes Mesenterica			2		3	1	1			1	2	10	
Tetanus						1						1	
Trismus													
Typhus			1	1		4	2	3			3	14	2
Variola			1	1	6	1						9	
Varicella					4	6						10	
Vermes	1					1		2		6		10	
Vertigo	1		2	1	3	1		1		5	1	15	
Urticaria	1					1	1					3	
Total No. of Cases	171		109	157	423	181	170	163		274	169	1792	
Total of Deaths	-	-	-	-	-	-	-	-	-	-	-	-	49

* Morbi Biliosi is meant to comprise those Complaints that are popularly called *bilious*; but which do not properly come under any class of Diseases.

*** *To render the Returns of Diseases full and complete, and with as little trouble as possible to Gentlemen who will honour the Editors with their assistance, they will be happy to present printed Tables to any respectable individual who applies for them, and is willing to keep and return a Monthly Register of Cases occurring in his public or private practice. They should be sent to Mr. BURROWS, Bloomsbury Square, between the 20th and 23d of every month.*——☞ The EDITORS beg to offer their grateful acknowledgements to those Friends by whose contributions they have been enabled to furnish the above, though yet imperfect, Register; but they have to regret, that two of the Districts are not filled up. They confidently trust that this deficiency will be amply supplied in the next Number: and any suggestions tending to their improvement will be received with respect and attention.

AN ABSTRACT *from the* REGISTER *of those* DISEASES *of* LONDON, *presumed to originate in, or be influenced by, the State of the* ATMOSPHERE, *with a* DIURNAL REFERENCE *to the* METEOROLOGICAL TABLE.

METEOROLOGICAL TABLE,

FROM NOVEMBER the 20th TO DECEMBER the 19th, 1813.

M.	Therm.	Barom.	Hygrom. Dry.	Hygrom. Damp.	Winds.	Atmos. Variation.	D.
	50 54 52	29^{2} 9		22	W..	C...—..—...	20
	51 56 52			20 17	SW.	C...	21
●	52 55 50	30		14 15	S.	C...	22
	49 51 47	30		15 12	S.	C...	23
	47 49 44	30 30^{1}		12	E.	C...	24
	44 47 42			11	E.	C...	25
	40 48 40	30^{1}		10 8 11	E.	C...—...—..	26
	44 42 38	30		10 8	E.	C...—...—..	27
	37 40 39	29^{7}		9	E.	Fog..C...	28
	37 39 36	30		8 9	E.	Fog..F..C...	29
	32 34 32	29^{7} 5		7	SE..	F..—...—...	30
◐	32 40 39	29^{4} 2		6	E..	C..F..C..	1
	35 40 39	29^{4} 2		6 7 10	SE..	Fog..Snow.R.	2
	42 44 48	29^{1} 2		12	E..	R.—..C..	3
	42 45 40	29^{4}		15 13	E..N.	C...R..C.	4
	41 44 41	29^{5} 7		15 12 11	N.E.	C...R.F.	5
	40 45 43	29^{4} 3		12 15 13	E.NE.	C..—..R.	6
○	40 46 43	29^{5} 5		15 12 14	NE..	C..—..F..R.. in N	7
	44 45 42	29^{4} 9		17 16 17	NE..	R.—..C..R.. in N	8
	42 44 42	29^{9} 30		15 16	NE..	R.C.R.	9
	41 43 40	30^{1} 2		16 15 16	NE..	C.—..	10
	39 42 41	30^{2}		15 10 12	E..	C...F.C..	11
	37 39 35	30^{1} 299		15 14	SE.	Fog...C..—.	12
	32 34 35	29^{8} 9		15 14 12	NW..	C...—..	13
◑	31 32 —	29^{9}		15 10 9	SE..	F.—..C..	14
	27 30 34	29^{9} 8		14 11	NW..W.	F..—.C.	15
	37 45 46	29^{5} 4		25 24 22	S..	C...	16
	48 52 50	29^{4} 2		25 26	SW..S..	C..—...R... in N	17
	51 52 49	29^{2} 3		30 28 26	S..SW.	R...C..—...	18
	47 49 48	29^{2} 5		10 27 21	SW..W..	F..C..F.C..	19

Princes Street, Cavendish Square.

D.	Asthma.	Apoplexia.	Bronchitis.	Cholera.	Cephalalgia.	Catarrhus.	Cynanche.	Cynanche Trachealis.	Colica.	Dysenteria.	Diarrhœa.	Dyspnœa.	Erysipelas.	Erythema Nodosum.	Febres.	Hæmoptoe.	Lichen.	Morbi Biliosi.	Ophthalmia.	Paralysis.	Phthisis.	Pertussis.	Pneumonia.	Podagra.	Purpura.	Rheumatismus.	Rubeola.	Scarlatina.	Tetanus.	Typhus.	Urticaria.	Variola.	Varicella.	Vertigo.
20	5	1	8	1	—	18	4	2	1	—	4	5	5	—	6	—	1	12	6	1	2	2	13	—	—	9	3	—	—	—	—	3	4	1
21	3	—	8	—	2	12	1	—	1	—	2	3	1	—	3	1	—	10	—	1	2	—	3	—	—	7	1	—	—	—	—	2	—	1
22	4	—	11	2	3	16	1	—	—	—	1	5	—	—	3	—	—	4	2	—		1	5	—	—	8	2	1	1	—	—	—	—	2
23	4	—	6	1	2	10	2	—	—	—	3	—	—	—	2	—	—	4	1	—	—	—	6	1	—	4	—	1	—	—	—	—	—	—
24	1	—	2	1	2	11	—	—	—	—	—	—	1	—	2	—	—	6	1	—	3	—	3	1	—	6	—	—	—	1	—	1	1	—
25	2	—	2	—	2	7	2	1	—	—	—	1	—	—	—	1	—	4	2	—	—	—	2	1	—	5	—	—	—	—	—	—	—	—
26	—	—	2	—	—	7	3	—	1	—	—	—	—	—	1	—	—	3	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	1
27	4	1	3	—	—	10	—	1	—	—	—	—	1	—	4	—	—	6	2	—	2	2	3	—	—		—	1	—	2	—	—	—	—
28	2	—	3	1	—	10	1	—	—	—	—	2	—	—	2	—	—	1	1	1	—		—	—	—	2	—	—	—	1	—	1	1	2
29	3	—	6	—	—	14	1	—	1	2	—	1	1	—	3	—	—	2	2	—	1	1	—	—		1	—	—	—	2	—	—	1	1
30	—	—	4	—	—	10	5	—	—	—	1	1	—	—	4	—	—	3	2	—	2	—	3	—	1	1	3	—	—	1	1	—	1	—
1	7	1	3	—	—	13	1	—	1	1	3	1	1	1	3	4	—	3	—	2	1	—	2	—	—	5	1	—	—	1	—	—	—	2
2	8	—	3	—	—	8	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—	3	—	—	3	—	—	—	1	—	—	1	1
3	9	—	2	—	—	14	1	1	1	—	—	1	1	—	—	—	—	2	1	—	1	—	2	—	—	2	—	—	—	—	—	—	—	1
4	6	—	4	—	3	9	1	—	—	—	1	—	—	—	—	—	—	2	1	1	1	—	—	2	—	2	—	—	—	1	—	—	—	—
5	3	—	2	—	1	9	1	—	2	2	4	2	—	—	5	1	—	—	—	—	—	—	2	—	—	4	—	1	—	1	—	1	—	—
6	3	—	1	—	—	6	1	—	—	—	2	2	—	—	1	—	—	3	2	—	1	—	5	—	—		—	—	—	—	—	1	—	—
7	2	—	1	—	1	7	1	—	—	1	—	—	1	—	2	—	—	—	—	—	—	—	1	1	—	2	—	—	—	—	1	—	—	1
8	3	—	5	—	1	1	4	—	—	—	3	1	—	—	—	1	—	—	3	—	—	2	2	1	—	2	—	3	—	1	—	—	—	—
9	2	—	2	—	1	11	1	—	2	1	2	1	—		1	—	—	2	2	—	1	—	6	—	—	2	—	1	—	—	—	—	—	1
10	2	—	2	—	1	15	—	—	1	3	2	—	—	—	2	—	—	1	—	—	—	1	4	—	—	5	—	1	—	—	—	—	—	—
11	2	—	5	—	—	6	1	—	—	—	3	1	1	—	—	1	—	—	1	—	—	—	4	—	—	3	—	—	—	—	—	—	—	—
12	—	1	1	—	—	7	2	1	2	—	3	—	1	—	—	1	1	2	—	—	1		—	—	—	6	—	—	—	1	1	—	—	—
13	2	—		—	—	15	2	—	2	—	3	1	2	—	1	—	—	1	3	—	2	—	2	1	—	11	—	2	—	—	—	—	—	—
14	6	—	2	—	2	12	4	—	1	—	2	—	—	—	—	—	—	1	2	—	—	1	3	1	—	2	—	—	—	—	—	—	—	—
15	4	—	2	1	—	8	2	—	—	1	3	3	—	—	1	—	—	1	1	—	2	3	2	—	—	5	1	—	—	1	—	—	1	—
16	—	—	4	1	2	8	2	—	1	—			—	—	3	—	—	—	3	—	—	—	4	1	—	1	1	—	—	—	—	—	—	—
17	4	—	2	2	1	8	2	—	—	—	3	3	—	1	4	—	—	1	—	—	1	—	4	1	—	3	—	1	—	—	—	—	—	—
18	1	—	3	—	—	6	—	—	—	—	1	2	—	—	—	—	—	—	2	—	—	1	3	1	—	4	4	1	—	—	—	—	—	1
19	2	—	4	—	—	5	—	—	—	—	2	2	1	—	—	—	—	1	1	1	—	—	8	—	—	—	1	1	—	—	—	—	—	—
No. of Cases...	93	4	108	10	24	287	46	6	17	13	49	38	17	2	53	10	2	75	43	7	23	14	97	12	1	105	17	14		14	3	9	[illegible]	15
Fatal...........	5	2	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	5	1	13	—	—	1	—	1	—	2	—	—	—	—

Total of Cases,...1140. Total of Deaths,...32.

Quantity of rain, from November 20 to December 19, one inch $\frac{40}{100}$.

The atmosphere has generally, in this interval, been obscured by undefined cloudiness, misty rains, or dense fogs. On the night of the 14th and morning of the 15th the cold was very severe, the Thermometer, in some exposed situations, being down to 25°; and ice two inches thick was brought into town. In the greater part of this period, easterly winds have blown, and with, what is unusual, considerable atmospheric humidity; but which exceedingly increased on the wind shifting to the South. Diseases affecting the organs of respiration, particularly the mucous membrane of the fauces, and bronchiæ, have so much prevailed in this period, as to constitute nearly one third of all the cases reported, and were most frequent and severe from the 20th of November to the 2nd of December. During the whole of this time the wind blew from the East, and so continued for several days after the catarrhal disposition began to decline. But after the 2nd of December it has been remarked, that the atmosphere became *humid* to an unusual degree with an easterly wind. Simultaneous with this increase of humidity, was the decline of catarrhal complaints. From the 2nd to the 12th of December, the Metropolis was almost constantly enveloped in fogs (sometimes exceedingly dense), or in misty rain. In the fifth, or NE. District, rheumatism has been more frequent than in any of the other Districts; and instances of *Morbi Biliosi* in the tenth, (Surry E District) far exceeds the aggregate of all the other Districts. *Catarrhus and C...* also *Cynanche Trachealis* has occurred as frequently as in the whole of the other Districts. It is remarked, that *Scabies* has arisen, as it seemed spontaneously, in several families; at least, this disease could not be traced to any contagious source, or even suspected of being communicated by infection.

This Meteorological Register having been some years inserted in another Periodical Work, it has been thought expedient not to change its form on transferring it to the *London Medical, Surgical, and Pharmaceutical Repository*. It becomes, however, necessary to explain to the readers of this last mentioned work, some of its peculiarities. The first column gives the quarterly phases of the moon. The second is a Register of the Thermometer, taken at eight in the morning, two in the afternoon, and eleven at night: the third, specifies the Barometrical changes, taken twice a day, and refers to inches and tenths of an inch: the fourth, is designed to record the proportion of atmospherical humidity, which is ascertained by the common Hygrometer made with the arista of the wild oat: the fifth, gives the direction and velocity of the winds: the latter circumstance being designated by points placed after the letter marking the direction; thus E. means, the lowest degree of breeze from the East; two points .. the next degree; ... the next; and .... a strong gale or storm. The atmospherical variations are designed by F for fair, C for cloudy, and R for rain; the degrees of each being marked by points as for the winds. The ... measured by the common rain gauge, placed thirty-five feet above

A METEOROLOGICAL JOURNAL,

From November the 21st to December the 20th, 1813,

KEPT AT RICHMOND, YORKSHIRE,

NW. from London.

D.	Barometer. Max.	Barometer. Min.	Therm. Max	Therm. Min.	Rain Gage.	Winds.	Weather.
21	29 48	29 38	50	45		* S	1 C 2 S
22	29 60	29 55	47	41		1 SW	1 C
23	29 69	29 62	43	32	05	* NW	1 C 2 R
24	29 74	29 74	36	26		1 WNW	1 F
25	28 77	29 75	32	24		1 W b N	1 F
26	22 73	29 70	35	29		1 NW and NE	1.3.4. C 2 S
27	29 62	29 56	36	30		1 WNW	1.3.4. C 2 S
28	29 58	29 57	35	28		1 NW	1.3. C 2 S 4 F
29	29 63	29 47	32	24		1 NW	1 C 2 S
30	29 34	29 28	31	25		1 SE	1.3.4. C 2 S
1	29 30	29 19	32	28		1 SE	1 C
2	29 04	29 03	35	30	02	1 E	1 C 4 R
3	29 15	29 07	37	33	22	1 NE	1 Sh. of Sn. & S 4 R
4	29 23	29 19	40	34	37	1 NNE	1 C 2 R
5	29 50	29 32	40	37	04	1 N b E	1 Sh. of R
6	29 52	29 51	41	39	44	1 NE ‡	1 C 3 R
7	29 61	29 60	42	39		1 NE	1 C
8	29 62	29 61	41	37	01	1 E	1 C 2 Sm. R
9	29 84	29 72	41	36	02	* NE	1 Sh. of R
10	29 86	29 84	38	34		1 NE	1 C
11	29 78	29 69	36	30		1 Vble.	1.3.4. C 2 S
12	29 50	29 44	36	28		1 WSSW	1 C 4 Starlight
13	29 51	29 49	37	31		1 W & WNW	1 C 2 S
14	29 49	29 42	35	30		1 W	1 F
15	29 33	29 03	35	29		1 SW	1.3. C 2 S 4 Star.
16	28 94	28 92	39	30		1 SE	1 C 2 Thick Mist
17	28 80	28 70	43	38	05	1 SE	1 Misty 3 R
18	28 69	28 66	44	43		1 SE	1 Misty
19	28 94	28 79	45	39		*1 SW	1 C 2 S
20	29 14	29 12	41	31		*1 SW	1 S

In this Journal the 24 hours are divided into 4 parts:—1st, from day-break to 10 A. M.—2d, from 10 A. M. to 4 P. M.—3d, from 4 P. M. to twilight—4th, the whole night. If there be no atmospherical variation in the 24 hours, the figure 1 is placed at the beginning of the column describing the weather; and the different states of the atmosphere are expressed by sunshine, cloudy, rain, snow, &c. If the weather changes, the figure expressing the time of such change is placed before the word designating the quality of such change. In the column of winds, their force is expressed by 1 for a light breeze, * for a moderate breeze, † for a fresh breeze, and ‡ for a gale; and these marks are placed before, above, after, or under, to correspond with 1st, 2nd, 3d, or 4th division of the 24 hours.—We request our ingenious correspondent at Richmond will add to his meteorological journal, should it be convenient to him, some notices of the state of health and disease, and any other peculiarities connected with this subject, or with Natural History.

BILL of MORTALITY for LONDON, *from December* 15 *to December* 14, 1813.

Abortive and Stilborn	630	Evil	4	Palsy	144
Abscess	57	Fevers of all kinds	714	Pleurisy	19
Aged	1571	Fistula	6	Piles	1
Ague	2	Flux	7	Quinsy	5
Apoplexy and Suddenly	292	French Pox	11	Rash	1
Asthma	574	Gout	34	Rheumatism	8
Bedridden	5	Gravel, Stone, Strangury	11	Scurvy	3
Bleeding	30	Grief	5	Small Pox	898
Bursten and Rupture	19	Headmoldshot, Horshoe-head, & Water in the Head	297	Sore Throat	4
Cancer	83			Sores and Ulcers	15
Canker	1	Inflammation	741	Spasm	24
Childbed	186	Inoculation	2	St. Anthony's Fire	4
Colds	13	Itch	1	Stoppage in the Stomach	25
Colick, Gripes, &c.	8	Jaundice	34	Surfeit	2
Consumption	4736	Jaw Locked	2	St. Vitus's Dance	2
Convulsions	3259	Leprosy	1	Swine Pox	1
Cough and Hooping Cough	389	Lethargy	1	Teeth	288
Cow Pox	1	Livergrown	45	Thrush	44
Cramp	2	Lunatic	207	Tumor	2
Croup	85	Measles	550	Water in the Chest	27
Diabetes	3	Mortification	205	Worms	1
Dropsy	698	Palpitation of the heart	6		

By the explosion of gunpowder	1	Executed	12	Murdered	4
Bit by a mad dog	1	Found dead	9	Poisoned	3
Broken limbs	1	Frighted	4	Scalded	3
Burnt	55	Killed by falls and several other accidents	80	Suffocated	5
Drowned	101				
Excessive drinking	4	Killed themselves	35	Total	298

Christened.........Males 10,608......Females 9,920......In all 20,528
Buried..............Males 8,993......Females 8,329......In all 17,322

Whereof have died,

Under 2 years of age		5167	Between 40 and 50	1751	100 years of age	1
Between 2 and	5	1733	50 — 60	1606	101	1
5	10	604	60 — 70	1559	102	1
10	20	526	70 — 80	1211	109	2
20	30	1108	80 — 90	489	113	1
30	40	1501	90 — 100	61		

Decreased in the Burials this year 973.

Monthly Prices of SUBSTANCES *employed in* PHARMACY.

		S.	D.
Acaciæ Gummi elect.	lb.	3	6
Acidum Citricum	–	22	0
—— Benzoicum	–	6	4
—— Sulphuricum	P. lb.	0	7
—— Muriaticum	–	1	0
—— Nitricum	–	2	6
—— Aceticum	cong.	4	0
Alcohol	M. lb.	5	0
Æther sulphuricus	–	10	6
—— rectificatus	–	12	0
Ærugo	lb.	7	0
Aloes spicatæ extractum	–	6	0
— vulgaris extractum	–	4	9
Althæa Radix	–	1	0
Alumen	–	0	4
Ammoniæ Murias	–	2	3
——— Carbonas	–	3	0
Amygdala dulcis	–	4	6
Ammoniacum (Gutt.)	–	5	9
——— (Commun.)	–	2	6
Anthemidis Flores	–	2	3
Antimonium	–	1	0
Antimonii Sulphuretum	–		
Antimonium Tartarizatum	–	5	6
Arsenici Oxydum	–	1	0
Assafoetida Gummi-resina	–	6	6
Aurantii Cortex	–	3	6
Argenti Nitras	unc.	6	9
Balsamum Peruvianum	lb.	24	0
—— Tolutanum	–	18	0
Benzoinum elect.	–	12	0
Calamina præparata	–	0	4
Calumbæ Radix	–	2	6
Cambogia	–	9	6
Camphora	–	10	0
Canellæ Cortex	–	2	6

		S.	D.
Cardamomi Semina	lb.	6	0
Cascarillæ Cortex	–	5	6
Castoreum	unc.	5	0
Catechu Extractum	lb.	2	4
Cetaceum	–	3	4
Cera alba	–	3	8
—— flava	–	3	0
Cinchonæ cordifoliæ Cortex (yellow)		8	6
—— lancifoliæ Cortex (quilled)		10	[illegible]
—— oblongifoliæ Cortex (red)		16	0
Cinnamomi Cortex	–	14	0
Coccus (Coccinella)	unc.	4	6
Colocynthidis Pulpæ	lb.	7	0
Copaiba	–	6	6
Colchici Radix	–	3	6
Croci stigmata	unc.	4	0
Cupri sulphas	lb.	1	0
— ammoniatum	–	3	0
Cuspariæ Cortex	–	5	6
Confectio Aromatica	–	10	0
—— Aurantii	–	3	0
—— Opii	–	5	0
—— Rosæ Canini	–	2	0
—— Rosæ Gallicæ	–	2	4
—— Sennæ	–	1	8
Emplastrum Lyttæ	–	7	0
——— Hydrargyri	–	3	0
Extractum Cinchonæ	unc.	3	0
——— Cinchonæ resinos.	–	4	6
——— Colocynthidis	–	2	0
——— Colocynthidis comp.	–	1	3
——— Conii	–	0	6
——— Gentianæ	–	0	6
——— Glycyrrhizæ	lb.	3	6
——— Hæmatoxyli	unc.	0	6
——— Humuli	–	0	6

Substance	Unit	S.	D.
Extractum Hyosciami	unc.	1	0
—— Jalapæ - 1s. 6d.	Res.	3	0
—— Opii	-	3	6
—— Papaveris	-	0	9
—— Rhæi	-	2	0
—— Sarsaparillæ	-	1	9
—— Taraxaci	-	0	6
Ferri carbonas	lb.	0	9
— sulphas	-	1	3
Ferrum ammoniatum	-	4	0
—— tartarizatum	-	4	0
Galbani Gum-resin.	-	8	0
Gentianæ Radix	-	1	3
Guaiaci Resina	-	3	0
Hydrargyrus Purificatus	-	5	8
Hydrargyri Oxymurias	unc.	0	8
—— Submurias	-	0	9
—— Nitrico-Oxydum	-	0	8
—— Oxydum Cinereum	-	1	0
—— Oxydum rubrum	-	5	0
Hydrargyrus præcipitatus albus	-	0	9
Hydrargyri Sulphuratum rubrum	-	0	8
Helleborus niger Radix	lb.	3	0
Ipecacuanhæ Radix	-	24	0
—— —— Pulvis	-	25	6
Jalapæ Radix	-	6	3
—— —— Pulvis	-	7	0
Kino	-	14	0
Liquor Plumbi Acetatis	M. lb.	1	4
— Ammoniæ	-	1	6
Linimentum Camphoræ comp.	-	5	6
Lichen Islandicus	lb.	1	10
Lyttæ	-	15	0
Magnesia	-	9	0
—— Carbonas	-	2	6
—— Sulphas	-	1	4
Manna optima	-	13	0
— communis	-	6	0
Moschus pod, 24s. in gr.	unc.	36	0
Mastiche	lb.	5	6
Myristicæ Nuclei	-	24	0
Myrrha elect.	-	6	6
Olibanum	-	2	6
Opoponax	-	26	0
Opium (Turkey)	-	34	0
Opium (East India)	-	34	0
Oleum Amygdale	lb.	3	9
— Anisi	unc.	2	9
— Anthemidis	-	5	6
— Cinnamomi	-	9	0
— Caryophilli	-	6	0
— Cajuputi	-	6	0
— Carui	-	2	0
— Juniperi	-	4	0
— Lavendulæ	-	4	6
— Lini	cong.	7	6
— Menthæ piperitæ	unc.	4	6
— — viridis	-	2	0
— Olivæ	cong.	32	0
— Olivæ secundum	-	18	0
— Pimentæ	unc.	5	0
— Ricini optim.	(per bottle)	10	6
— Rosmarini	unc.	0	9
— Succini - 2s. 4d.	rect.	4	0
— Sulphuratum	M. lb.		
— Terebinthinæ	-	2	3
— — rectificatus	-	2	9
Papaveris Capsulæ	(per 100)	2	6

Substance	Unit	S.	D.
Plumbi Carbonas	lb.	0	6
— Superacetas	-	2	0
— Oxydum semi-vitreum	-	0	6
Potassæ Fusa	unc.	0	9
— cum Calce	-	0	4
— Nitras	lb.	1	0
— Acetas	-	8	6
— Carbonas	-	1	0
— Supercarbonas	-	3	8
— Sulphas	-	1	0
— Sulphuretum	-	2	0
— Supersulphas	-	0	6
— Tartras	-	3	6
— Supertartras	-	2	0
Pilulæ Hydrargyri	unc.	0	6
Pulvis Antimonialis	-	0	6
Resina Flava	lb.	0	5
Rhæi Radix (Russia)	-	25	0
—— (East India)	-	10	6
Rosæ Folia	-	10	6
Sapo (Spanish)	-	2	6
Sarsaparilla Radix	-	5	6
Scammoneæ Gum-Resina	unc.	2	3
Scillæ Radix	lb.	1	0
Senegæ Radix	-	3	0
Sennæ Folia	-	4	0
Serpentariæ Radix	-	34	0
Simaroubæ Cortex	-	3	6
Sodæ Boras	-	4	0
— Sulphas	-	0	8
— Carbonas	-	7	0
— Subcarbonas	-	1	6
— — exsiccata	-	3	6
Soda tartarizata	-	2	6
Spongia usta	-	24	0
Spiritus Ammoniæ	M. lb.	4	0
—— —— aromaticus	-	4	0
—— —— fœtidus	-	4	0
—— —— succinatus	-	5	0
— Cinnamomi	-	2	8
— Lavendulæ	-	4	0
— Myristicæ	-	3	6
— Pimentæ	-	2	6
— Rosmarini	-	4	0
— Ætheris Aromaticus	-	5	6
— — Compositus	-	5	6
— — Nitrici	-	4	0
— — Sulphurici	-	5	6
— Vini rectificatus	cong.	30	0
Syrupus Papaveris	lb.	1	6
Sulphur	-	0	3
— Sublimatum	-	0	6
— Lotum	-	1	0
— Præcipitatum	-	1	0
Tamarindus	-	2	0
Terebinthina Vulgaris	-	0	10
Terebinthina Canadensis	-	5	6
Terebinthina Chia	-	9	0
Tragacantha Gummi	-	10	6
Valerianæ Radix	-	1	10
Veratri Radix	-	1	6
Unguentum Hydrargyri-fortius	-	5	6
—— Nitratis	-	2	8
—— Nitrico-oxydi	-	3	0
Uvæ Ursi Folia	-	2	0
Zinci Oxydum	-	5	0
— Sulphas purif.	-	2	0
Zingiberis Radix	-	2	6

Prices of New Phials per Gross.——8 oz. 70s.—6 oz. 58s.—4 oz. 47s.—3 oz. 43s.—2 oz. and 1½ oz. 36s.—1 oz. 30s.—half oz. 24s.——The London Glassmen will allow 10 per Cent, ready money.—The Manufacturers in the Country, where all Phials are made, will allow 27½ discount, at three months credit, (carriage free,) to London.

Prices of second-hand Phials, cleaned, and sorted.——8 oz. 42s.—6 oz. 40s.—4 oz. 32s.—3 oz. 28s.—2 oz. and all below this size, 22s.—Three months credit.

Hirudines, 12s. per dozen at Covent Garden Market.

INDEX INDICATORIUS.

A pressure of temporary matter, (having already extended the Number eight pages) has compelled us to postpone to our next several valuable communications, analyses of books, and articles of intelligence not of immediate urgency. Those Gentlemen who have favoured us with Synopses of their Lectures will also, we trust, accept this pressure as an apology for the liberty we have taken by abridging their statements: the necessity for which has this time been unavoidable; but, as arising out of a considerable portion of introductory or explanatory matter, may never again return.

We acknowledge with a deep sense of gratitude the numerous Orders which have been received for The London Medical Repository*—for a long list of communications—friendly advice—promises of support and assistance—and for hints, valuable as coming from men of experience, integrity, and extensive knowledge.*—Part IV. Selections—postponed for want of room.

Communications are received from Professor Carlisle, Messrs. Brande, Watson, Graham, Dickenson *(with a drawing)*, Mayd, Vise, Studens, A. M. *&c. &c. all of which will be scrupulously attended to and published with all possible expedition.*

Many Books received for the Review Department will have a full consideration. To Mr. Hogben *a particular apology is due for not inserting a review of his* "Obstetric Studies," *and the highly ingenious Tables connected with it. In the Number for February it will certainly appear.*

MONTHLY CATALOGUE OF MEDICAL BOOKS.

AN INQUIRY into the present State of the Medical Profession in England, containing an Abstract of the acts and charters granted to Physicians, Surgeons, and Apothecaries; and a comparative View of the Profession in Scotland, Ireland, and on the Continent of Europe; also a compendious Account of its State amongst the antient Greeks and Romans; tending to illustrate the urgent necessity of Legislative Interference, and the Merits of the Bill about to be presented to Parliament by the Apothecaries and Surgeon-Apothecaries of England and Wales. By R. M. Kerrison. 8vo.—Longman and Co.

The Accoucheur's Vade Mecum, being the Substance of a Series of Lectures, delivered at the Westminster Lying-in Institution, Queen Square. By Joseph Hopkins, Surgeon to His Royal Highness the Duke of Kent, &c. &c. 12mo.—Callow.

A Treatise on the Art of Cupping; in which the History of that Operation is traced, the various Diseases in which it is useful indicated, and the most approved Method of performing it is described. By Thomas Mapleson, Cupper to His Royal Highness the Prince Regent, to the Westminster Hospital, &c. 12mo.—Callow.

Lectures on Inflammation, exhibiting a View of the general Doctrines, pathological and practical, of Medical Surgery. By John Thomson, M.D. F. R. S. E. Professor of Surgery to the Royal College of Surgeons, and Regius Professor of Military Surgery in the University of Edinburgh.—Cadell and Co.

Medical Transactions; published by the College of Physicians in London; Vol. 4.—Longman and Co.

Anatomical Tables of the Human Gravid Uterus, in Two Classes. By Mr. Hogben, Surgeon; dedicated to the Royal College of Surgeons, London.—Callow.

Prichard's (Dr. J. C.) Researches into the Physical History of Man. 8vo.—Messrs. J. and A. Arch.

Flora Americæ Septentrionalis; or a Systematic Arrangement and Description of the Plants of North America. By Frederick Pursh. In two volumes 8vo. with twenty-four plates.—White, Cochrane, and Co.